

2013 PRC Child & Adolescent Community Health Needs Assessment

TOTAL SERVICE AREA

- Sussex County, Delaware
- Kent County, Delaware
- New Castle County, Delaware
- Chester County, Pennsylvania
- Delaware County, Pennsylvania

Sponsored by

**Nemours/Alfred I. duPont
Hospital for Children, Wilmington**



Professional Research Consultants, Inc.

11326 "P" Street • Omaha, Delaware 68137-2316
(800) 428-7455 • www.prconline.com • 2012-1313-02 • © PRC, 2013



Table Of Contents

INTRODUCTION	4
Project Overview	5
Project Goals	5
Methodology	5
Summary of Findings	12
Significant Child & Adolescent Health Needs in the Community	12
Summary Tables: Comparisons With Benchmark Data	14
PERCEPTIONS OF HEALTH ISSUES	27
Child Health Issues	28
Adolescent Health Issues	29
HEALTH STATUS	30
Overall Health	31
Evaluations of Child’s Overall Health Status	31
Activity Limitations	32
Mental Health	34
Evaluation of Child’s Mental Health Status	34
Diagnosed Anxiety & Depression	36
Signs of Depression	38
Worry	39
Sleep Difficulties	40
Suicide Attempts (Adolescents)	41
Prescriptions for Mental Health	42
Diagnosed Cognitive & Behavioral Disorders	43
Awareness & Availability of Mental Health Services	47
SPECIAL HEALTH NEEDS	51
Prevalence of Selected Medical Conditions	52
Speech & Language Problems	52
Allergies	55
Neurological Conditions	58
Bone, Joint & Muscle Problems	60
Asthma	61
Diabetes	63
Managing Children’s Special Health Needs	65
Prescriptions & Special Therapy	65
Special Health Needs	66
PRENATAL & INFANT HEALTH	69
Prenatal Care	70
Low-Weight Births	71
CHILD & ADOLESCENT MORTALITY	72
Mortality Rates	73
Infant Mortality	73
Child & Adolescent Mortality	74
Leading Causes of Child Deaths	75

MODIFIABLE HEALTH RISKS

76

Nutrition	77
Fruit & Vegetable Consumption	78
Fast Food	79
Breastfeeding & Breast Milk	80
Physical Activity	82
Recommended Physical Activity	82
Physical Activity Frequency & Duration	83
Screen Time	85
Body Weight	90
Childhood Overweight & Obesity	90
Perceptions of Overweight	92
Injury & Safety	95
Receipt of Injuries	96
Injury Control	98
Violence	101
Tobacco	102
Exposure to Environmental Tobacco Smoke	102
Current Tobacco Use (Adolescents)	104
Substance Abuse	105
Alcohol (Adolescents)	105
Drug Use (Adolescents)	106
Sexual Activity	108
Births to Teen Mothers	108
Current Sexual Activity Among Adolescents	109

ACCESS TO HEALTHCARE SERVICES

111

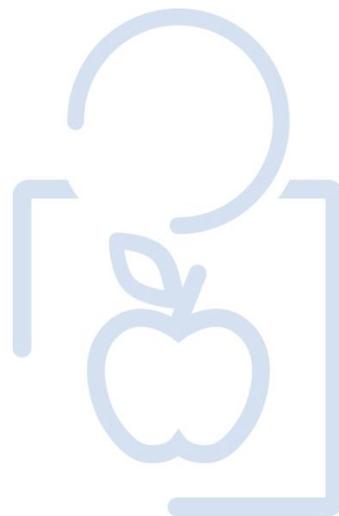
Health Insurance Coverage	112
Type of Coverage	112
Lack of Coverage	112
Difficulties Accessing Healthcare	115
Barriers to Healthcare Access	116
Access to Specialty Care	117
Outmigration for Care	119
Primary Care Services	123
Specific Source Care	123
Receipt of Routine Medical Care	125
Immunizations	126
Dental Care	126
Vision & Hearing	130
Emergency Room Services	134

HEALTH EDUCATION & OUTREACH

136

Health Education	137
Healthcare Information Sources	137
Electronic Health Records	139
Parenting Education	140
Resources Available to Address the Significant Health Needs	143
Collaboration	144

INTRODUCTION



Project Overview

Project Goals

The goal of this 2013 PRC Child & Adolescent Community Health Needs Assessment is to gather data to assist in determining the health status, behaviors and needs of children and adolescents in the service area of Nemours/Alfred I. duPont Hospital for Children in Wilmington, Delaware. This assessment was conducted on behalf of Nemours/Alfred I. duPont Hospital for Children, Wilmington by Professional Research Consultants, Inc. (PRC). 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.

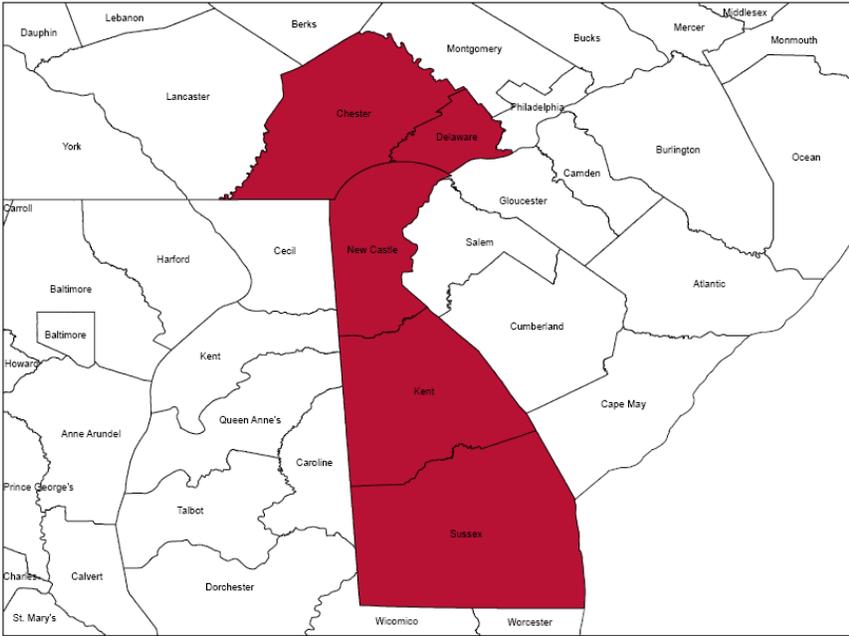
Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the 2013 PRC Child & Adolescent Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through a series of Key Informant Focus Groups.

PRC Child & Adolescent Health Survey

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Total Service Area" in this report) includes households with children in Sussex, Kent, and New Castle counties in Delaware, as well as in Chester and Delaware counties in Pennsylvania; this community definition was determined by the sponsor of this study. A geographic description is illustrated in the following map.



Survey Instrument

The final survey instrument used for this study was developed by Nemours/Alfred I. duPont Hospital for Children, Wilmington in conjunction with PRC.

Sample Approach & Design

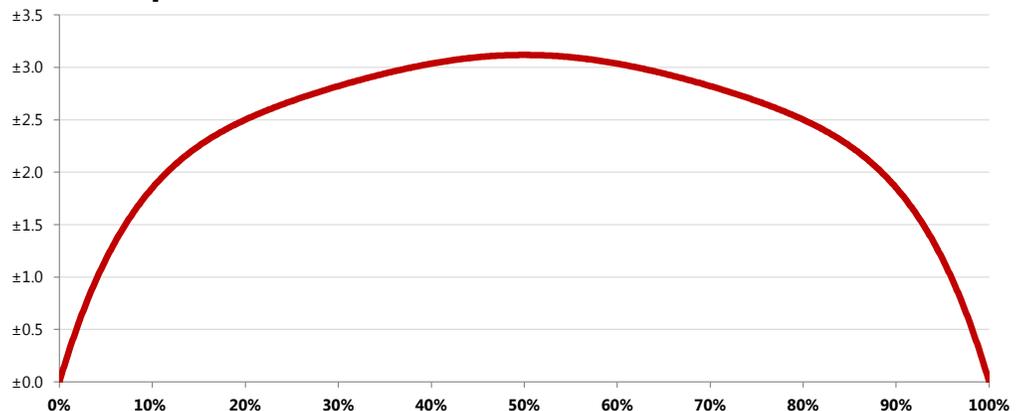
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Child & Adolescent Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities. In addition, these telephone interviews were supplemented with surveys among families in the Total Service Area requested to participate in the study via a questionnaire completed online.

The sample design used for this effort consisted of a stratified random sample of 1,000 parents with children under 18, including 200 in each of Sussex, Kent, New Castle, Chester, and Delaware counties (for a total of 765 conducted via landline telephone or cell phone, and 265 collected through online surveys). Once the interviews were completed, these were weighted in proportion to the actual 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).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 1,000 respondents is $\pm 3.1\%$ at the 95 percent level of confidence. By county: the maximum error rate is $\pm 6.9\%$ for individual county results.

Expected Error Ranges for a Sample of 1,000 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 1,000 respondents answered a certain question with a "yes," it can be asserted that between 8.1% and 11.9% (10% \pm 1.9%) 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% \pm 3.1%) of the total population would respond "yes" if asked this question.

Respondent Selection

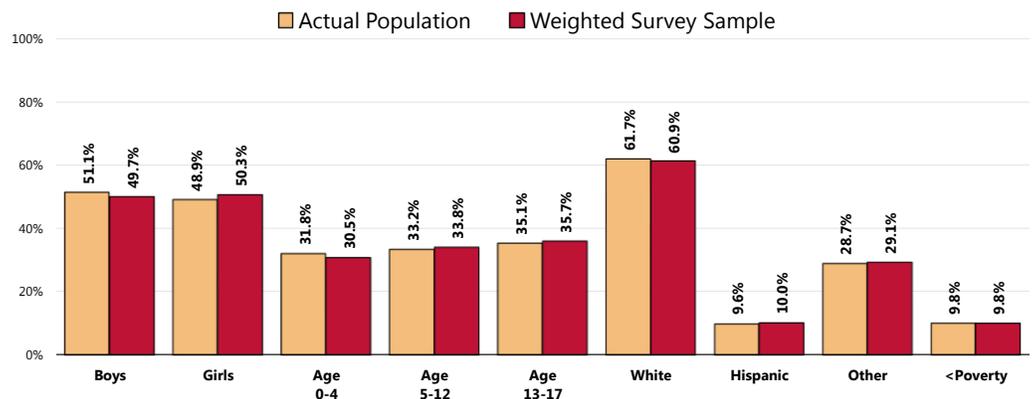
Survey respondents were adults age 18 and older who have children residing in the household for whom they are a healthcare decision-maker. For households with more than one child under the age of 18, most questions were asked about a randomly selected child in the household, determined by which child 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 telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample of Total 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 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 & Sample Characteristics (Total Service Area, 2013)



Sources: • 2010 US Census.
• 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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 2012 guidelines place the poverty threshold for a family of four at \$23,050 annual household income or lower). In sample segmentation: “**low income**” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; “**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 population of Total Service Area children and adolescents with a high degree of confidence.

Key Informant Focus Groups

As part of the Child & Adolescent Community Health Needs Assessment, four focus groups were held on February 20 and 21, 2013. Focus group participants included 25 key informants: physicians, other health professionals, social service providers, business leaders and other community leaders.

A list of recommended participants for the focus groups was provided by Nemours/ Alfred I. duPont Hospital for Children, Wilmington. Potential participants were chosen because of their ability to identify primary concerns of the specific child populations with whom they work, as well as of community children overall. Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to ensure reasonable turnout.

Final participation included representatives of the organizations outlined below. Through this process, input was gathered from representatives of public health, as well as several individuals whose organizations work with low-income, minority, or other medically underserved child populations.

Sussex County Key Informants	Populations Served		
	Medically Underserved	Low-Income Residents	Minority Populations
Wednesday, February 20, 2013 — Noon to 2:00 PM			
Organization			
Delaware Early Childhood Center		X	
Harry Lehman Pediatrics		X	X
Iglesias de Dios-Maranantha			X
Seaford School District		X	X

Kent County Key Informants	Populations Served		
	Medically Underserved	Low-Income Residents	Minority Populations
Wednesday, February 20, 2013 — 5:00 to 7:00 PM			
Organization			
Delaware Department of Natural Resources and Environmental Control Division of Parks and Recreation		X	X
Delaware Department of Natural Resources and Environmental Control		X	X
Bright Futures Pediatrics			
Delaware Division of Public Health	X	X	X
Delaware Division of Public Health	X	X	X
Delaware Department of Education	X	X	X
Delaware State Parks	X	X	
Center for Pediatric and Adolescent Medicine	X	X	X

New Castle County Key Informants	Populations Served		
	Medically Underserved	Low-Income Residents	Minority Populations
Thursday, February 21, 2013 — 7:30 to 9:30 AM			
Organization			
American Heart Association	X	X	X
Christiana Care Health System	X	X	X
Delaware Adolescent Program, Inc.	X	X	X
YMCA of Delaware	X	X	X
Henrietta Johnson Medical Center	X	X	X
Christiana School District	X	X	X

Delaware Valley (PA) Key Informants	Populations Served		
	Medically Underserved	Low-Income Residents	Minority Populations
Thursday, February 21, 2013 — 11:30 AM to 1:30 PM			
Organization			
YMCA of the Upper Main Line		X	X
Wayne Pediatric Associates			X
Cerebral Palsy Association of Chester County	X	X	X
Department of Human Services, Chester County	X	X	X
Delaware County Chamber of Commerce	X	X	X
Delaware County Medical Society	X	X	X
United Way of Southeastern Delaware County	X	X	X

Audio from the focus groups sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of 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 Community 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):

- Delaware Health Statistics Center
- Centers for Disease Control & Prevention
- GeoLytics Demographic Estimates & Projections
- National Center for Health Statistics
- US Census Bureau
- US Department of Health and Human Services

Note that secondary data are compared to state and national data where available.

Benchmark Data

National Data

National survey data, which are also provided in comparison charts, are taken from the *2012 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



Certain child and adolescent health indicators in this assessment relate to national disease prevention and health promotion goals established by 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.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of child/adolescent health in the community, nor can it 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 child 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 Child & Adolescent Health Needs in 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 Health Needs Assessment. 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	Primary Regional Concerns	Secondary County-Specific Concerns
Access to Health Services	<ul style="list-style-type: none"> • Need for/Access to Specialists • Ranked as #3 top concern among focus group participants; they emphasized: <ul style="list-style-type: none"> ○ Barriers to healthcare services <ul style="list-style-type: none"> ▪ Poverty ▪ Low health literacy ▪ Under or uninsured families ▪ Language Services ▪ Transportation ▪ Hours of operations ○ Importance of medical home ○ Specialty care 	<p>Sussex County</p> <ul style="list-style-type: none"> • Outmigration for Children’s Services <p>New Castle County</p> <ul style="list-style-type: none"> • Dental Visits <p>Chester County</p> <ul style="list-style-type: none"> • Outmigration for Children’s Services <p>Delaware County</p> <ul style="list-style-type: none"> • Difficulty Getting Dr. Appointments for Child • Access to Child’s Electronic Health Record
Alcohol, Tobacco & Other Drugs	<ul style="list-style-type: none"> • Marijuana Use 	<p>Kent County</p> <ul style="list-style-type: none"> • Households With Someone Who Smokes Cigarettes
Health Education	<ul style="list-style-type: none"> • Awareness/Usage of Local Parenting Programs 	
Mental & Emotional Health	<ul style="list-style-type: none"> • Awareness of Mental Health Resources • Ranked as #2 top concern among focus group participants; they emphasized: <ul style="list-style-type: none"> ○ Pervasiveness of behavioral health issues ○ Difficulty accessing behavioral healthcare services ○ Cultural barriers ○ Stigma 	

— continued next page —

Areas of Opportunity (continued)	Primary Regional Concerns (continued)	Secondary County-Specific Concerns (continued)
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Fruit/Vegetable Consumption • Physical Activity Levels • Computers in Children’s Bedrooms • <i>Ranked as #1 top concern among focus group participants; they emphasized:</i> <ul style="list-style-type: none"> ○ <i>Childhood obesity</i> ○ <i>Poor food choices and eating habits</i> <ul style="list-style-type: none"> ▪ <i>Food deserts</i> ▪ <i>Cost</i> ▪ <i>Prevalence of fast food establishments</i> ▪ <i>Nutrition and cooking education</i> ○ <i>Hunger</i> 	<p>Sussex County</p> <ul style="list-style-type: none"> • Childhood Overweight & Obesity Prevalence • TVs in Children’s Bedrooms <p>Kent County</p> <ul style="list-style-type: none"> • TVs in Children’s Bedrooms <p>New Castle County</p> <ul style="list-style-type: none"> • TVs in Children’s Bedrooms
Prenatal & Infant Health	<ul style="list-style-type: none"> • Infant Mortality • Low-Weight Births 	<p>Sussex County</p> <ul style="list-style-type: none"> • Timely Prenatal Care <p>Kent County</p> <ul style="list-style-type: none"> • Timely Prenatal Care
Sexual Activity	<ul style="list-style-type: none"> • Sexually Active Teens • Births to Teenagers 	

Prioritization of Health Needs

After reviewing this Community Health Needs Assessment report, leadership of Nemours/Alfred I. duPont Hospital for Children, Wilmington, met to evaluate and prioritize the top health needs for children in the community. Data for the community were examined, and attendees were asked to evaluate each significant health issue (see Areas of Opportunity above) along the following criteria:

- **Magnitude** — the number of children affected, as well as differences from state/national data or Healthy People 2020 objectives
- **Seriousness** — the degree to which a health issue leads to death, disability or loss of quality of life
- **Impact** — the degree to which it affects/exacerbates 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

This process yielded the following **top priorities** for Nemours/Alfred I. duPont Hospital for Children, Wilmington, to address in improving the health of the community’s children:

- **Nutrition, Physical Activity & Weight**
- **Access to Health Services**
- **Mental & Emotional Health**

Plans to address these priorities (and, secondarily, the remaining significant health issues identified in this assessment) will be integrated into the hospital's Implementation Strategy for the coming years.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of child and adolescent health indicators in the Total Service Area of Nemours/Alfred I. duPont Hospital for Children in Wilmington, Delaware.

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 five 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 comparisons between the service area and any available national data or 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.

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"	4.8	4.7	3.3	5.5	3.2
% [Age 0-17] Child's Activities/Abilities Limited Due to Health Condition	6.5	6.6	8.1	7.7	3.3
% [Age 0-17] Child Has Special Health Needs	59.6	60.6	67.4	68.3	63.2
% [Age 0-17] Child Needs Rx for a Chronic Condition	21.9	23.9	26.7	23.2	21.1
% [Age 0-17] Child Needs Special Therapy for a Chronic Condition	4.5	3.0	7.7	8.9	5.5
% [Age 0-17] Child Needs Rx OR Special Therapy for a Chronic Condition	22.2	25.4	29.8	28.0	22.2
Note: In the green section, each county is compared against all others 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.					

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
4.1	4.9	
6.3	8.9	
65.2	64.5	
23.5	20.9	
6.7	7.0	
26.1	24.3	
better	similar	worse

Access to Health Services	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [Age 0-17] Child Is Uninsured	3.1	4.1	5.3	2.4	3.2
% [Insured Children] Child Went Without Insurance in Past Year	6.6	3.7	9.0	5.8	8.4
% [Age 0-17] Difficulties Accessing Child's Healthcare (Composite)	25.6	25.5	27.3	21.3	27.2
% [Age 0-17] Difficulty Finding Physician for Child in Past Year	7.0	5.5	1.8	4.9	4.7

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
3.6	6.8	0.0
7.3	6.7	
25.3	30.3	
4.3	7.1	

Access to Health Services (continued)	Each County vs. Others					Total Service Area	TSA vs. Benchmarks	
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)		vs. US	vs. HP2020
% [Age 0-17] Difficulty Getting Appointment for Child in Past Year	9.3	9.8	7.4	6.5	13.7	9.3	11.6	
% [Age 0-17] Cost Prevented Child's Dr Visit in Past Year	6.8	4.4	5.5	2.9	4.7	4.6	8.5	
% [Age 0-17] Transportation Hindered Child's Dr Visit in Past Year	2.5	3.9	6.2	3.3	3.8	4.2	6.8	
% [Age 0-17] Inconvenient Hrs Prevented Child's Dr Visit in Past Year	10.2	10.7	15.5	11.5	17.3	14.0	15.7	
% [Age 0-17] Cost Prevented Getting Child's Prescription in Past Year	4.0	4.2	7.1	6.0	3.7	5.3	6.7	
% [Age 0-17] Culture/Language Prevented Child's Care in Past Year	0.4	1.6	1.7	2.4	0.9	1.6		
% [Child Needing Care] "Major/Moderate" Problem Getting Specialty Care	20.9	17.7	21.7	27.1	29.9	24.9	22.2	
% [Age 0-17] Child Has a Specific Source of Care	90.1	90.5	91.3	92.9	95.3	92.7	89.6	100.0
% [Age 0-17] Child Has Had Routine Checkup in Past Year	93.7	90.6	88.8	91.3	91.5	90.8	82.0	
% [Age 0-17] Child Has Had Hearing Tested in the Past 5 Years	90.9	91.7	91.1	88.5	94.8	91.5	85.0	
% [Age 2-17] Child Has Had a Dental Visit in Past Year	83.8	83.1	80.4	91.6	91.3	87.1	85.9	49.0
% [Age 6-17] Child Has Had Dental Sealants	57.9	52.0	51.0	57.8	47.4	52.5	48.8	

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)
% [Age 0-17] Child Has Had 2+ ER Visits in Past Year	 9.6	 8.4	 7.7	 9.9	 5.9
% Have Access to Child's Electronic Health Record	 42.0	 37.1	 33.1	 24.4	 23.9
% Outmigration for Care	 26.0	 20.5	 12.2	 23.9	 15.5
Note: In the green section, each county is compared against all others 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.					

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
8.1	 8.8	
29.2		
18.2		
		
better	similar	worse

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	 19.7	 17.1	 18.0	 15.9	 15.9
% [Age 0-17] Child Has Food/Digestive Allergies	 9.2	 10.5	 9.3	 14.1	 11.5
% [Age 0-17] Child Has Eczema/Skin Allergies	 17.9	 18.4	 24.1	 20.8	 26.2
Note: In the green section, each county is compared against all others 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.					

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
16.9	 17.7	
11.3	 11.1	
22.8	 21.0	
		
better	similar	worse

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	9.0	9.7	9.6	8.3	4.7
% [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 w/ Asthma] Parent Missed Work Due to Child's Asthma Past Yr					
Note: In the green section, each county is compared against all others 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.					

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
7.8	12.0	
32.9	42.1	
18.2	10.6	
44.5	54.9	
40.0	41.0	
better	similar	worse

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	6.7	5.5	4.8	7.1	6.5
Note: In the green section, each county is compared against all others 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.					

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
6.1	4.9	
better	similar	worse

Cognitive & Behavioral Disorders	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [Age 5-17] Child Has Autism	1.3	3.1	4.2	2.0	2.6
% [Age 0-17] Child Has Learning Disability	6.4	5.0	9.3	9.1	6.8
% [Age 0-17] Child Has Developmental Delays	2.6	6.6	10.2	6.9	5.7
% [Age 0-17] Child Has ADD/ADHD	7.3	7.7	8.9	8.2	8.6
% [Age 5-17] Child Has Behavioral/Conduct Problems	3.7	3.1	2.8	3.6	3.7
Note: In the green section, each county is compared against all others 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.					

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
2.8	4.1	
7.9	12.1	
7.1	9.5	
8.4	10.1	
3.4	4.9	
better similar worse		

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	0.5	0.0	0.8	1.8	0.4
Note: In the green section, each county is compared against all others 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.					

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
0.9	0.9	
better similar worse		

Health Education	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [Age 0-17] Parent Aware of Local Parenting Education Programs	44.0	45.8	38.5	39.7	39.8
% [Age 0-17] Parent Has Used a Local Parenting Education Program	15.6	16.7	15.3	11.2	11.8
% Have Access to the Internet	96.3	97.7	98.5	97.5	100.0
% Internet Is Primary Source of Healthcare Info	5.4	9.4	8.4	8.1	10.6
Note: In the green section, each county is compared against all others 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.					

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
40.3	50.3	
13.3	18.5	
98.2	93.1	
8.8	8.6	
better similar worse		

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	11.1	11.5	16.0	15.2	13.2
% [Age 0-17] Child "Always" Uses Seat Belt/Car Seat	97.0	95.7	98.8	97.3	91.1
% [Age 5-17] Child "Always" Wears a Bike Helmet	38.1	53.2	53.4	52.0	56.2
% [Age 5-17] Child "Always" Wears Skateboard/Scooter/Rollerblade Helmet	37.3	46.3	44.5	43.5	41.8
Note: In the green section, each county is compared against all others 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.					

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
14.2	11.3	
95.8	96.6	
52.4	44.1	
43.0	37.5	
better similar worse		

Mental & Emotional Health	Each County vs. Others					Total Service Area	TSA vs. Benchmarks	
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)		vs. US	vs. HP2020
% [Age 5-17] Child's Mental Health Is "Fair/Poor"	7.9	7.2	4.5	6.6	4.5	5.6	10.2	
% [Age 5-17] Parent Aware of Community Mental Health Resources	64.3	70.6	57.1	67.8	56.5	61.6	68.8	
% [Age 5-17] Child Has Ever Taken Rx for Mental Health	7.1	5.1	6.3	6.4	6.0	6.2	8.0	
% [Age 5-17] Child Worries A Lot	28.3	18.5	25.6	23.5	24.9	24.4	25.4	
% [Age 5-17] Child Has Anxiety	9.1	6.3	7.0	8.5	6.4	7.3	9.5	
% [Age 5-17] Child Has Difficulty Sleeping	18.2	11.6	18.3	12.0	17.1	15.6	13.5	
% [Age 5-17] Child Had 2+ Weeks Feeling Sad/Hopeless in Past Year	4.3	2.8	3.1	5.3	1.2	3.2	6.0	
% [Age 5-17] Child Has Depression	6.8	2.6	3.6	6.1	3.1	4.3	4.6	
% [Age 5-17] Child Needed Mental Health Svcs in the Past Year	11.8	10.8	10.0	9.8	6.6	9.2	13.1	
% [High Schoolers] Attempted Suicide in Past Year (Delaware)						7.8	7.8	
<p>Note: In the green section, each county is compared against all others 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>								
		better	similar	worse				

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 others 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	TSA vs. Benchmarks	
	vs. US	vs. HP2020
21.5	27.7	25.7
9.3	12.8	12.3
11.6	16.1	15.2
47.2	57.7	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	7.3	6.9	5.0	6.0	6.2
% [Age 0-17] Child Has Brain Injury/Concussion	3.9	5.3	2.5	3.9	6.2
% [Age 0-17] Child Has Epilepsy/Seizure Disorder	1.4	1.4	0.5	0.4	1.4
<p>Note: In the green section, each county is compared against all others 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	TSA vs. Benchmarks	
	vs. US	vs. HP2020
6.0	5.2	
4.3	4.0	
0.9	1.4	
<p> better similar worse</p>		

Nutrition, Physical Activity & Weight	Each County vs. Others					Total Service Area	TSA vs. Benchmarks	
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)		vs. US	vs. HP2020
% [Age 2-17] Child Has 5+ Servings of Fruits/Vegetables per Day	 44.3	 38.6	 35.4	 44.6	 36.3	39.3	 46.4	
% [Age 2-17] Child Ate 3+ Fast Food Meals in Past Week	 7.3	 15.1	 14.0	 11.4	 14.7	13.0	 21.5	
% [Age 0-17] Child Was Ever Breastfed	 65.3	 67.4	 74.6	 75.7	 68.1	71.6	 69.8	 81.9
% [Age 2-17] Child Was Physically Active One Hour/Day in Past Week	 54.8	 39.0	 40.3	 44.4	 33.9	40.8	 57.3	
% [Age 2-17] Child Had 60+ Min of Vigorous Physical Activity in Past Week	 70.1	 66.4	 62.7	 65.3	 63.6	64.6	 72.2	
% [Age 2-17] Child Had 150+ Min of Moderate Physical Activity in Past Week	 53.3	 40.0	 35.9	 48.4	 33.3	40.5	 56.0	
% [Age 5-17] Child Watches 3+ Hours of TV per Day	 16.2	 19.8	 24.1	 14.6	 18.1	18.7	 39.3	
% [Age 5-17] Child Has a TV in Bedroom	 56.9	 50.4	 49.6	 28.0	 39.5	41.4	 45.9	
% [Age 5-17] Child Has 3+ Hours of Computer Use per Day	 9.3	 12.2	 22.0	 20.3	 15.2	17.7	 15.0	
% [Age 5-17] Child Has a Computer in Bedroom	 22.1	 32.2	 31.3	 39.8	 37.2	34.6	 25.6	
% [Age 5-17] Child Has 3+ Hours of Total Screen Time per Day	 38.3	 51.2	 51.5	 52.5	 46.8	49.4	 54.7	

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 Overweight or Obese	 38.2	 28.6	 25.1	 21.8	 27.1
% [Age 5-17] Child Is Obese	 21.6	 15.4	 11.1	 11.1	 13.9
Note: In the green section, each county is compared against all others 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.					

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
26.1	 30.7	
13.1	 18.0	 14.6
	 better	 similar
		 worse

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	 40.2	 31.3	 17.4		
% of Low Birthweight Births	 7.8	 8.8	 9.5		
Infant Death Rate	 7.6	 6.1	 4.6	 7.7	 9.4
% Would Want Newborn Vaccinated	 90.9	 89.9	 94.9	 93.5	 93.8
Note: In the green section, each county is compared against all others 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.					

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
24.7		 22.1
9.0	 8.2	 7.8
7.2	 6.5	 6.0
93.4		
	 better	 similar
		 worse

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	 15.2	 12.1	 9.4		
% [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)					
Note: In the green section, each county is compared against all others 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.					

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
10.9	 10.3	
43.0	 33.7	
41.3	 39.8	
16.1	 12.9	
 better  similar  worse		

Substance Abuse	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% [High Schoolers] Drank Alcohol in Past Month (Delaware)					
% [High Schoolers] Drove When Drinking in Past Month (Delaware)					
% [High Schoolers] Ever Used Marijuana (Delaware)					
% [High Schoolers] Ever Used Inhalants (Delaware)					
% [High Schoolers] Used Marijuana in Past Month (Delaware)					
Note: In the green section, each county is compared against all others 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.					

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
40.4	 38.7	
8.0	 8.2	
46.0	 39.9	
11.6	 11.4	
27.6	 23.1	
 better  similar  worse		

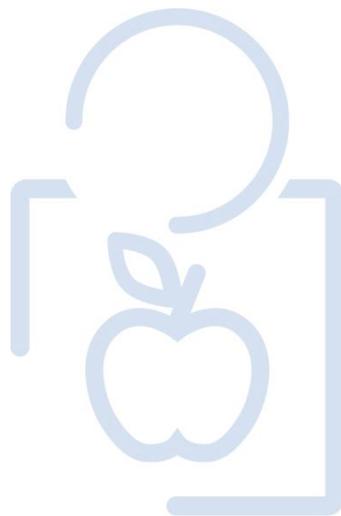
Tobacco	Each County vs. Others				
	Sussex County (DE)	Kent County (DE)	New Castle County (DE)	Chester County (PA)	Delaware County (PA)
% Someone Smokes Inside the House	2.3	3.5	5.4	4.2	4.2
% Someone Smokes Outside the House	16.1	22.8	15.0	11.8	19.0
% [High Schoolers] Smoked Cigarettes in Past Month (Delaware)					
Note: In the green section, each county is compared against all others 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.					

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
4.3	4.8	
16.1	23.5	
18.3	18.1	
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)
% [Age 0-17] Child Has Vision Problems	1.1	2.5	2.8	3.5	3.2
% [Age 0-17] Child Has Hearing Problems	6.5	6.9	8.2	3.3	4.6
% [Age 0-17] Child Has Speech/Language Problems	5.2	8.0	8.9	11.2	5.4
% [Age 0-17] Child Has Had 3+ Ear Infections (Ever)	28.4	21.2	24.8	29.0	18.5
% [Age 0-17] Child Has Had an Eye Exam in the Past 3 Years	78.4	81.2	81.6	86.8	90.7
Note: In the green section, each county is compared against all others 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.					

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
2.9	1.9	
5.6	4.9	
8.1	13.7	
24.2	25.6	
85.3	79.3	
better similar worse		

PERCEPTIONS OF HEALTH ISSUES



Child Health Issues

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

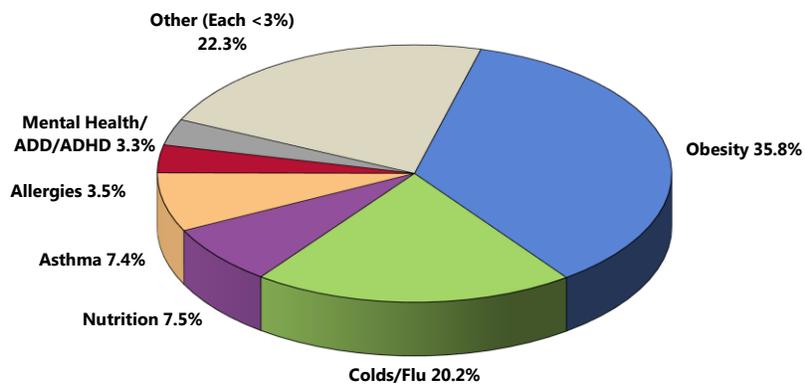
"In general, what do you feel is the number-one health issue affecting children under the age of 12 in your community today?"

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

Obesity received the largest share of responses (35.8%) as the perceived number-one health issue for area children under the age of 12.

- Respondents also frequently identified **colds/flu** (20.2%) as the number-one health issue affecting children, followed by **nutrition** (7.5%), **asthma** (7.4%), **allergies** (3.5%) and **mental health/ADD/ADHD** (3.3%).
- Note that 12.3% of parents were uncertain or could not identify a children's health issue and are not included in the following chart.

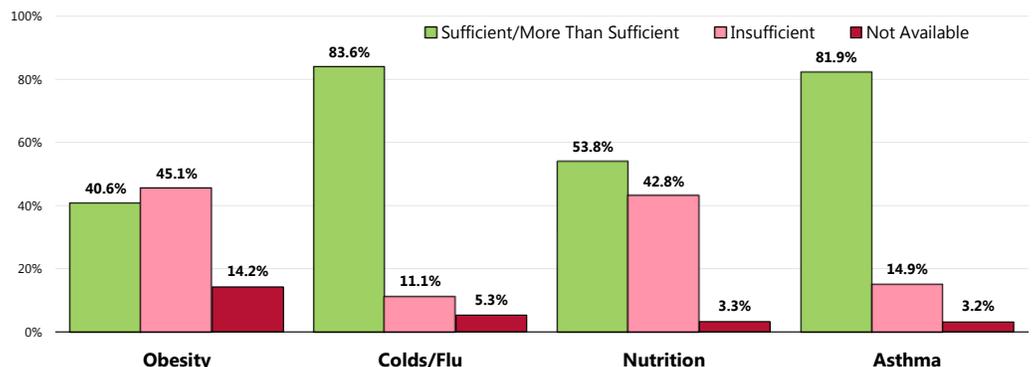
Perceived Number-One Health Issue Affecting Children Under 12 in the Community
(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 4]
Notes: • Asked of all respondents. Excludes respondents who were uncertain or could not give an answer.

More than half of respondents who mention obesity (and nearly half of those mentioning nutrition) as the top children's health issue see community resources as insufficient (or non-existent) to address these problems.

Perception of Existing Community Resources or Services for Number-One Health Issue Affecting Children Under 12
(By Perceived Primary Health Issue; Total Service Area, 2013)



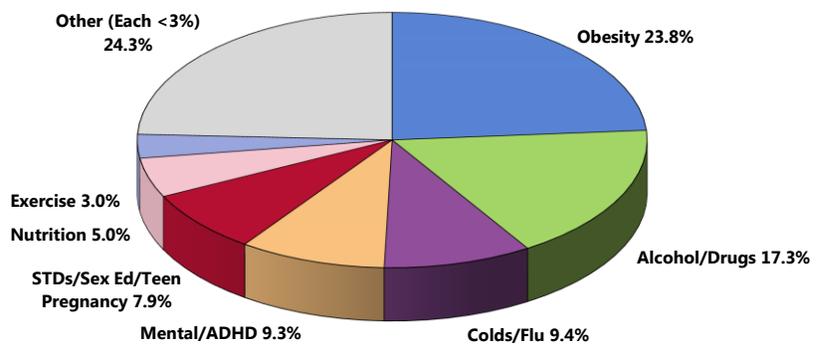
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents who named a primary health issue among children under 12.

Adolescent Health Issues

Similarly, **obesity** received the largest share of responses (23.8%) when respondents were asked to name the number-one health issue for area **adolescents**.

- Respondents also frequently identified **alcohol/drugs** (mentioned by 17.3%), **colds/flu** (9.4%), **mental health/ADHD** (9.3%), **STDs/sex education/teen pregnancy** (7.9%), **nutrition** (5.0%) and **exercise** (3.0%).
- Note that 24.5% of parents were uncertain or could not identify a health issue and are not included in the following chart.

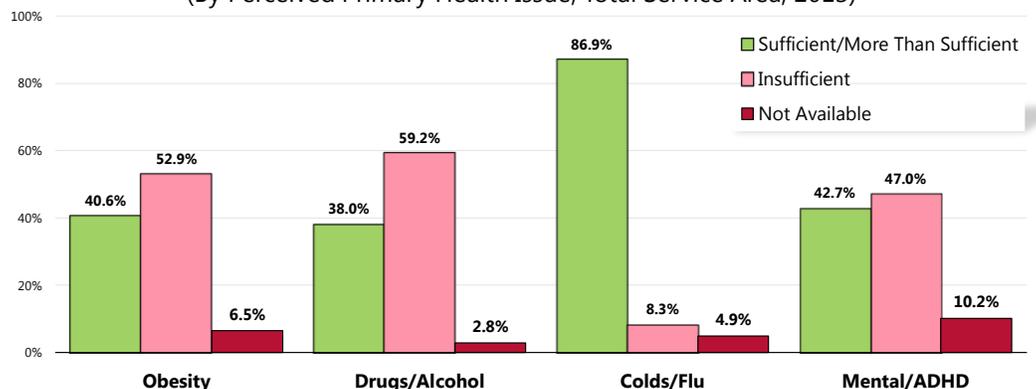
Perceived Number-One Health Issue Affecting Teens (13-19) in the Community
(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents. Does not include respondents who were uncertain or could not give an answer.

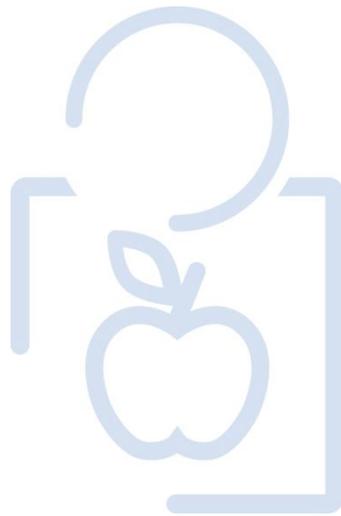
A majority of those identifying **obesity, drugs/alcohol, or mental health/ADHD** view community resources as **insufficient** (or nonexistent) to address these health issues affecting teens in the community.

Perception of Existing Community Resources or Services for Number-One Health Issue Affecting Teens
(By Perceived Primary Health Issue; Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 7]
Notes: • Asked of all respondents who named a primary health issue among teens.

HEALTH STATUS



Overall Health

The remainder of survey questions addressed in this report reflect the health of a particular, randomly-selected child or adolescent in the household.

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

NOTE:

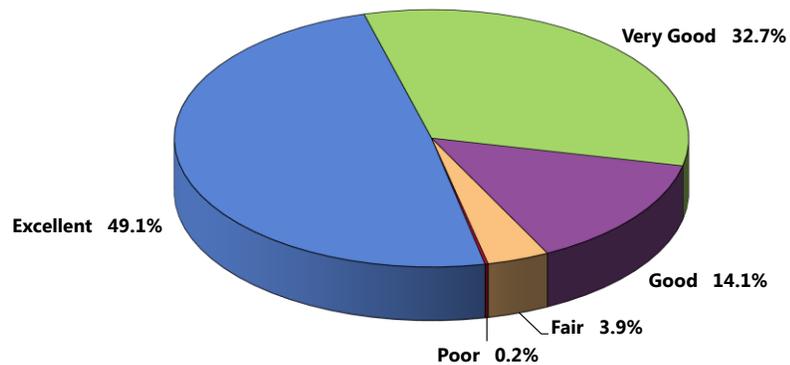
- Differences noted in the text represent significant differences determined through statistical testing.
- The terms "child" and "children" are used throughout this report to refer to children and adolescents of all ages (0-17), unless otherwise specified.
- Although survey respondents are often referred to as "parents" throughout this report, they may in fact be a grandparent or other guardian for a child in the household.

Evaluations of Child's Overall Health Status

Most Total Service Area parents rate their child's overall health as "excellent" (49.1%) or "very good" (32.7%).

- Another 14.1% gave "good" ratings of their child's overall health.

Child's Health Status
(Total Service Area, 2013)

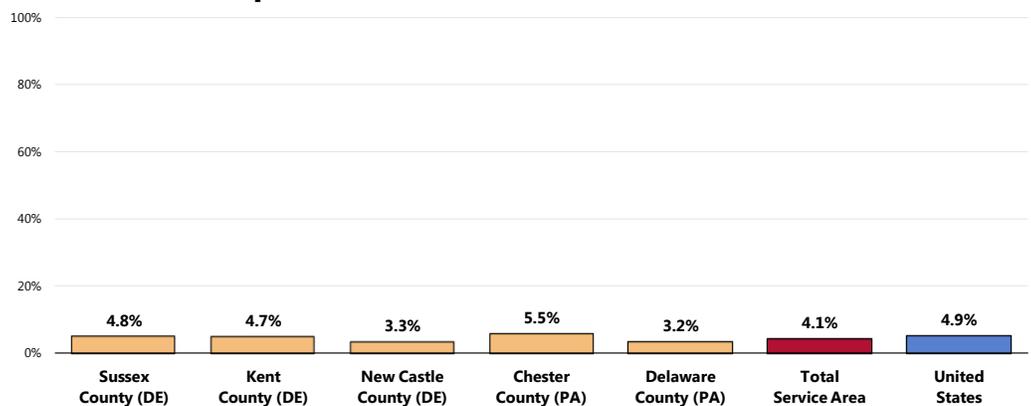


Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 12]
Notes: ● Asked of all respondents.

However, 4.1% of Total Service Area parents believe that their child's overall health is "fair" or "poor."

- Similar to national findings.
- No statistically significant difference when viewed by county.

Child Experiences "Fair" or "Poor" Overall Health

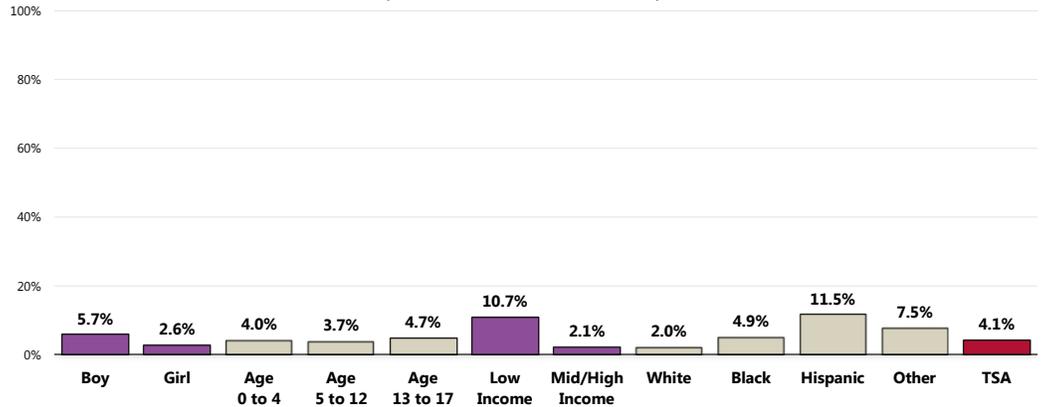


Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 12]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

When viewed by key children’s demographic characteristics, the following are more likely to be reported as having “fair/poor” overall health:

-  Boys.
-  Children in low-income households.
-  Hispanic children.

Child Experiences “Fair” or “Poor” Overall Health (Total Service Area, 2013)



Sources:

- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 12]

 Notes:

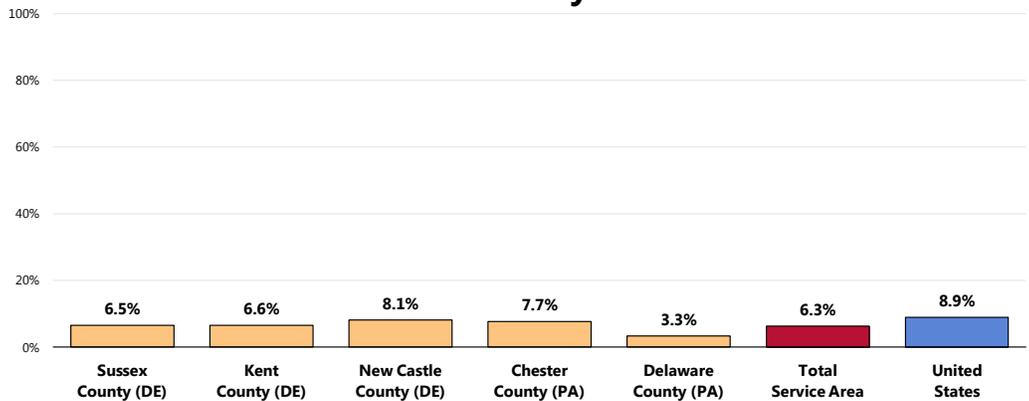
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% 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 6.3% of children in the community 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.

- More favorable than what is found nationally.
- Favorably low in Delaware County.

Prevalence of Activity Limitations



Sources:

- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 72]
- 2013 PRC National Child & Adolescent Survey, Professional Research Consultants, Inc.

 Notes:

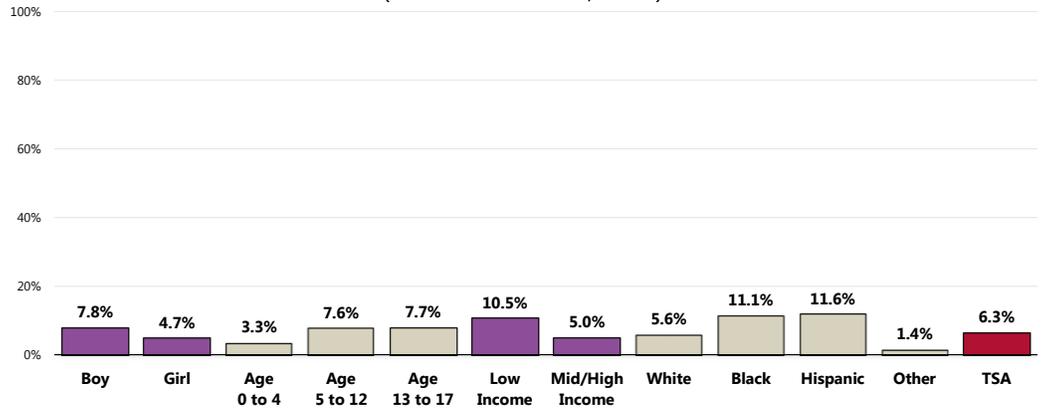
- Asked of all respondents.
- Child is limited in his/her ability to do things most children of the same age can do because of any medical, behavioral, or other health condition.

Note that the following groups of children report a significantly higher prevalence of activity limitations:

-  Boys.
-  Children 5 and older.
-  Children in low-income households.
-  African American children and Hispanic children.

Prevalence of Activity Limitations

(Total Service Area, 2013)



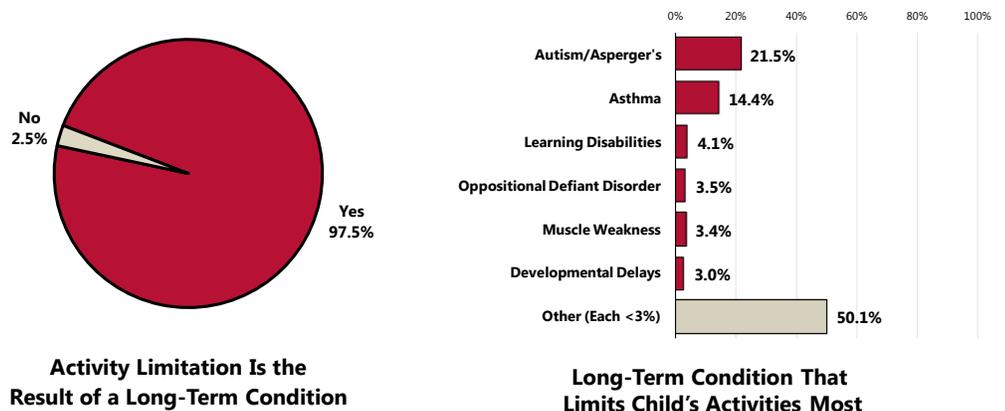
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 72]

- 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Child is limited in his/her ability to do things most children of the same age can do because of any medical, behavioral, or other health condition.

For those reporting activity limitations, the vast majority is due to a condition that has lasted, or is expected to last, for a year or longer. Of these, activity limitations are most often attributed to **autism/Asperger's** (21.5%), **asthma** (14.4%), **learning disabilities** (4.1%), **oppositional defiant disorder** (3.5%), **muscle weakness** (3.4%) and **developmental delays** (3.0%).

Description of Activity Limitations

(Among Children With Activity Limitations; Total Service Area, 2013)



Activity Limitation Is the Result of a Long-Term Condition

Long-Term Condition That Limits Child's Activities Most

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 73-74]

- Notes: • Asked of all respondents for whom the randomly selected child in the household has some type of activity limitation.

Mental Health

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 understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. 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 women 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 among 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, and 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 Status

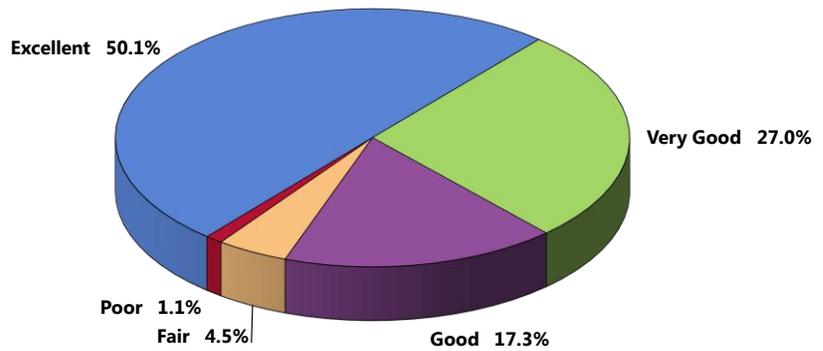
“Now thinking about this child’s mental health, which includes stress, depression, and problems with emotions, would you say that this child’s mental health is: excellent, very good, good, fair or poor?”

Most Total Service Area parents rate their (age 5-17) child’s mental health — which includes stress, depression, and problems with emotions — as “excellent” (50.1%) or “very good” (27.0%).

- Another 17.3% gave “good” ratings of their child’s overall health.

Child's Mental Health Status

(Total Service Area Children Age 5-17, 2013)



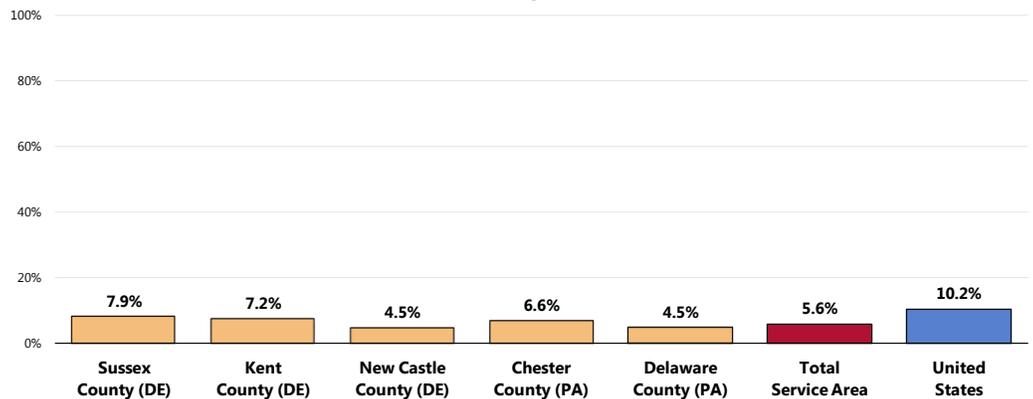
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 83]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

However, 5.6% of Total Service Area parents believe that their (age 5-17) child's mental health is "fair" or "poor."

- Much lower (more favorable) than national findings.
- Comparable findings by county.

Child Experiences "Fair" or "Poor" Mental Health

(Children Age 5-17)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 83]
 • 2012 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.

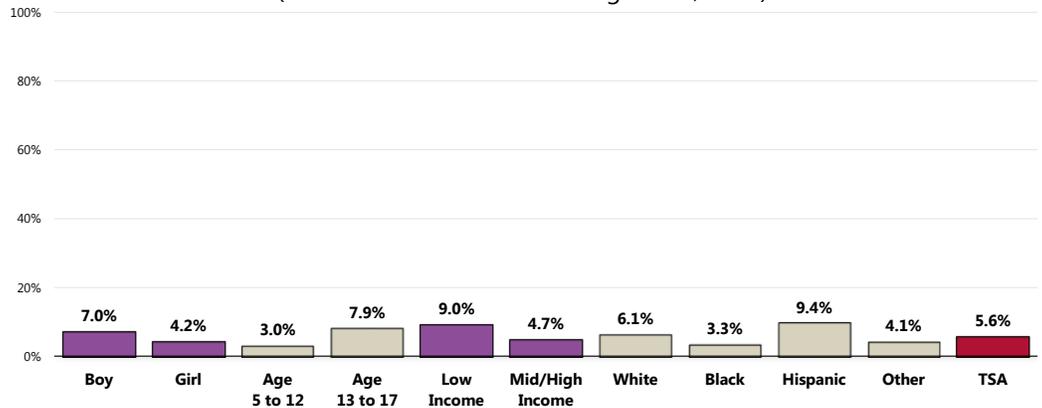
“Fair/poor” mental health status is more often noted for:

👤👤👤 Teens.

👤👤👤 Children in low-income households.

Child Experiences “Fair” or “Poor” Mental Health

(Total Service Area Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 83]
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. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Diagnosed Anxiety & Depression

A total of 7.3% 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.

- Similar to national findings.
- Similar among the individual counties.

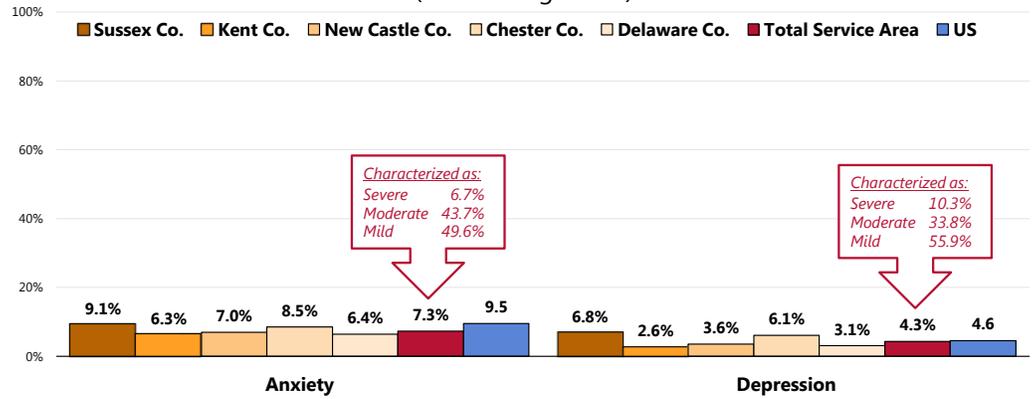
👤👤👤 6.7% of these respondents characterized their child’s anxiety as “severe.”

A total of 4.3% have been told by a doctor or other health care provider that their school-age child had depression.

- Similar to national findings.
- Similar by county.

👤👤👤 10.3% of these respondents characterized their child’s depression as “severe.”

Child Has Various Mental/Emotional Conditions (Children Age 5-17)



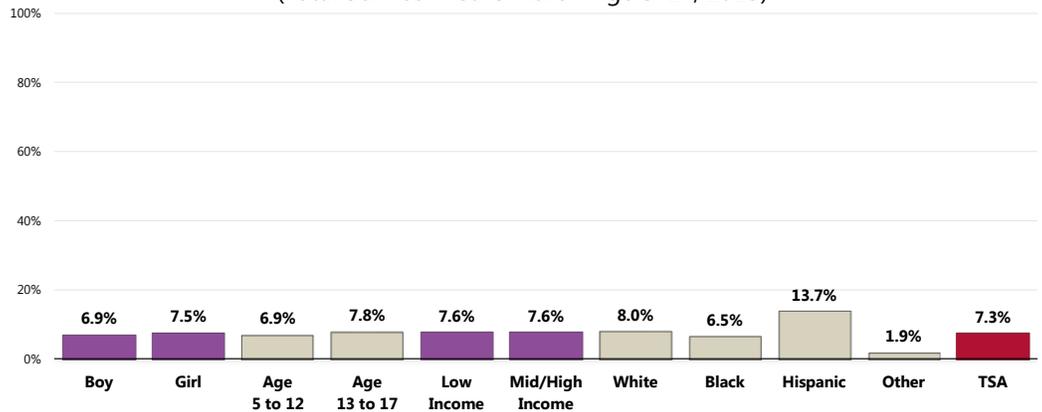
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 92-95]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-4.1]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

Anxiety

👤 Hispanic children are statistically more likely to have anxiety.

Child Has Anxiety

(Total Service Area Children Age 5-17, 2013)



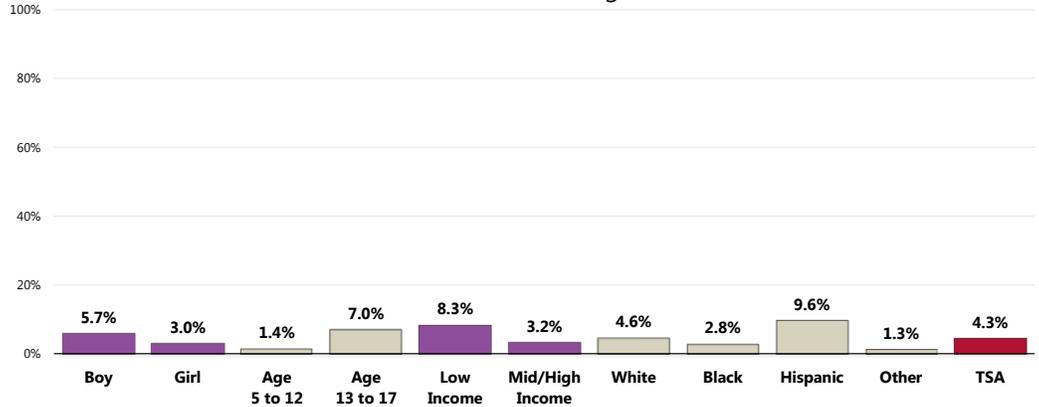
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 94]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Depression

Children more likely to have depression include:

- 👤 Boys.
- 👤 Teens.
- 👤 Children in low-income households.
- 👤 Hispanic children.

Child Has Depression (Total Service Area Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

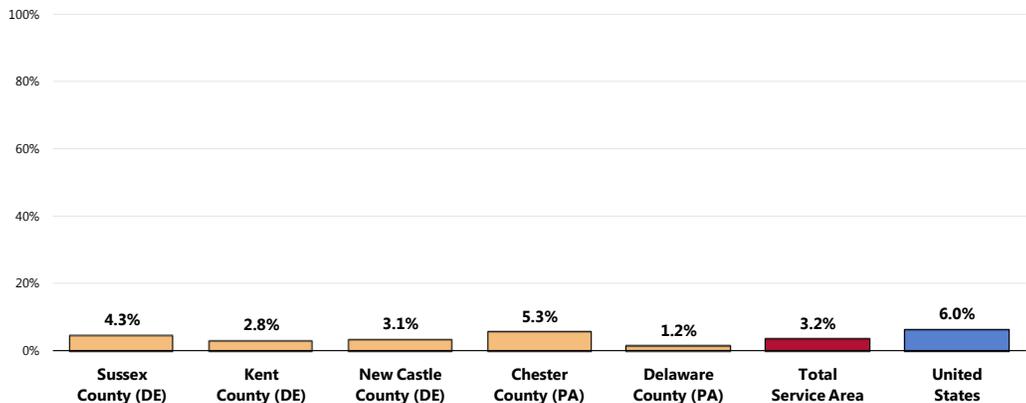
Signs of Depression

A total of 3.2% 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.

- Lower than the national figure.
- Lowest in Delaware County.

"During the past 12 months, did this child ever feel so sad or hopeless almost every day for two weeks or more in a row that he/she stopped doing some usual activities?"

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

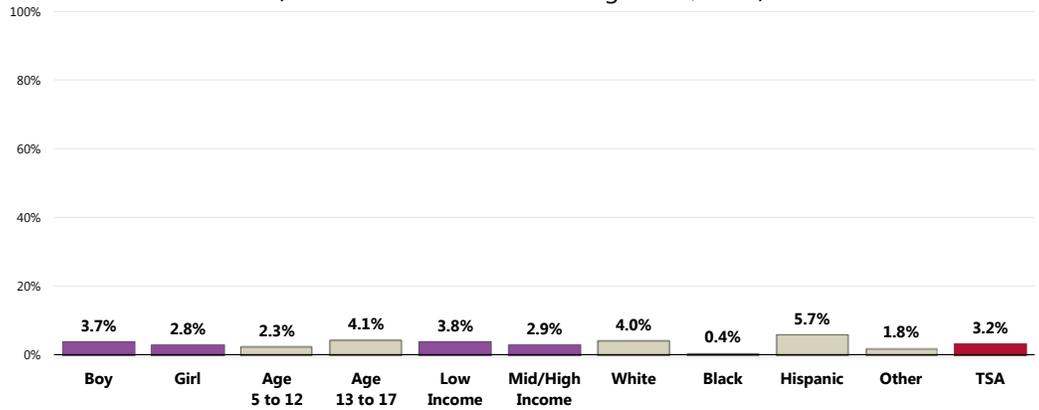


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 90]
 Notes: • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

Such signs of depression are notably higher among White children and Hispanic children.

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, 2013)



Sources: • 2013 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).
 • *Represents a small sample size (<50); interpret with caution.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% 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 24 surveyed parents reporting signs of depression in their child, nearly two-thirds report that they sought treatment for their child's feelings of sadness or hopelessness.

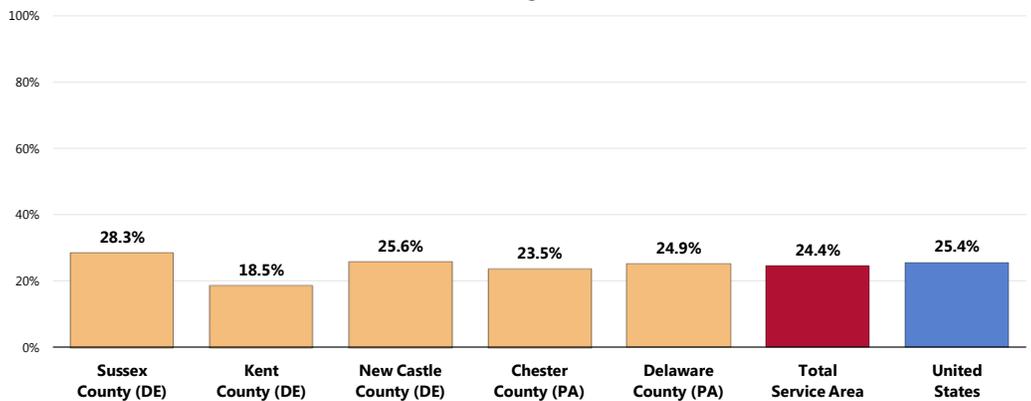
Worry

One in four area children (24.4%) are reported to worry a lot.

- Similar to national findings.
- Statistically similar among the five counties.

Child Worries a Lot

(Children Age 5-17)

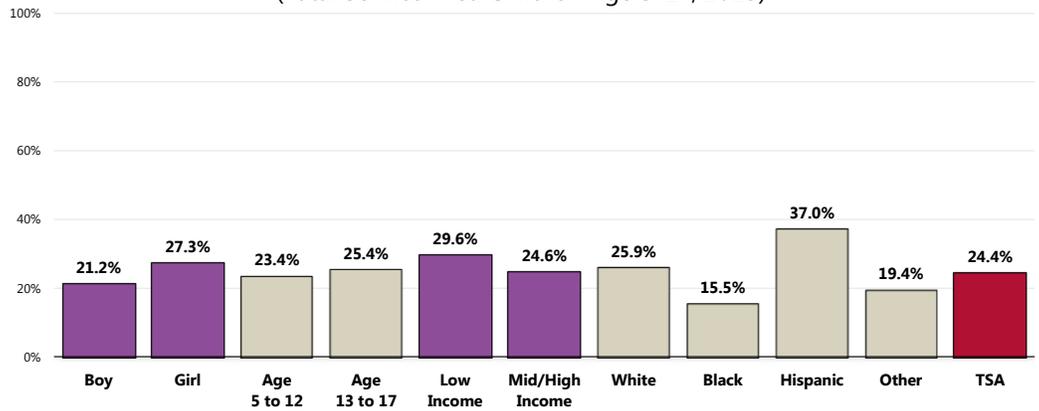


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 88]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly-selected child aged 5-17 in the household.

Higher in girls, White children and Hispanic children.

Child Worries a Lot

(Total Service Area Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 88]
 Notes: • Asked of all respondents about a randomly-selected child aged 5-17 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

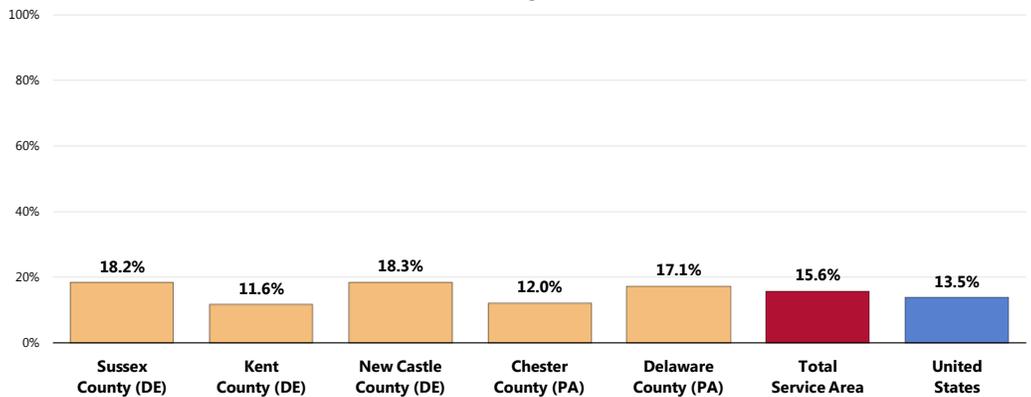
Sleep Difficulties

A total of 15.6% of Total Service Area parents report that they have been told by a doctor or other health care provider that their school-age child has difficulties falling asleep and/or sleeping through the night.

- Similar to national findings.
- Similar among the individual counties.

Child Has Difficulties Falling Asleep and/or Sleeping Through the Night

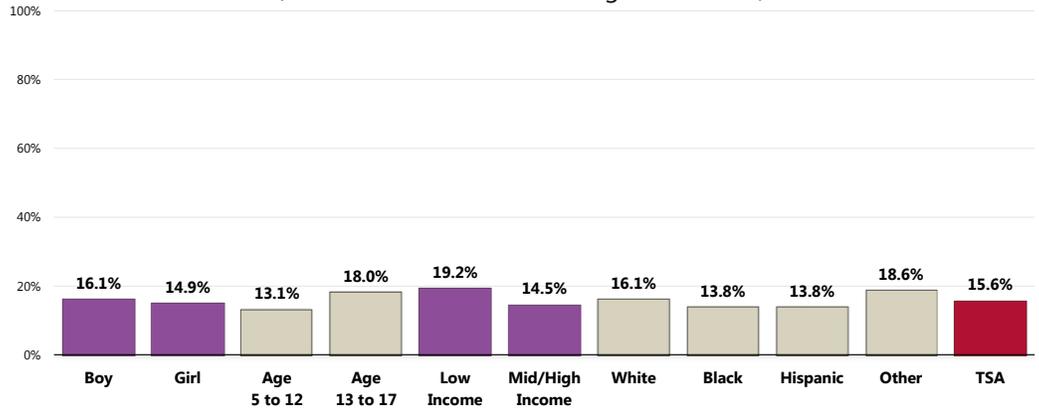
(Children Age 5-17)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 89]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents about a randomly-selected child aged 5-17 in the household.

👤 Sleep difficulties do not vary significantly by demographic characteristics.

Child Has Difficulties Falling Asleep and/or Sleeping Through the Night (Total Service Area Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 89]
 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide Attempts (Adolescents)

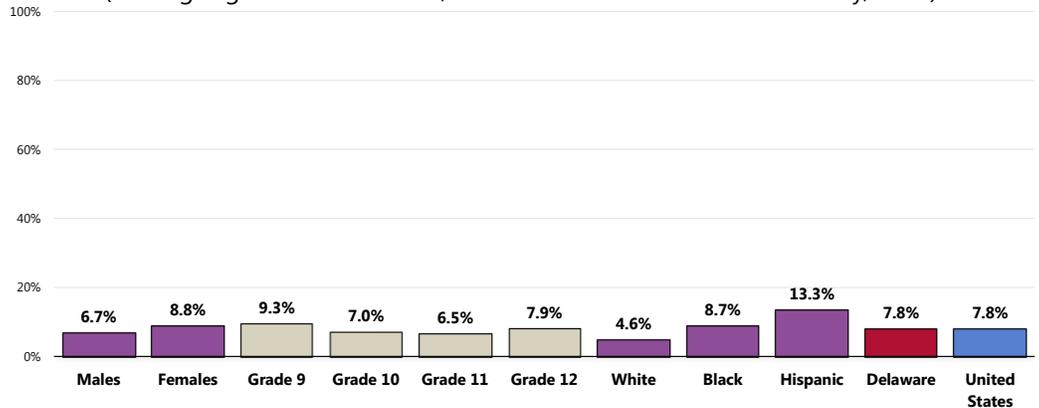
Among high school students in Delaware, 7.8% report attempting suicide in the past year (2011 Youth Risk Behavior Survey).

- Identical to national findings.

👤 Significantly higher in African American or Hispanic high school students.

Attempted Suicide in the Past Year

(Among High School Students; Delaware Youth Risk Behavior Survey, 2011)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed April 2013.
 Notes: • Attempted suicide one or more times during the 12 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.

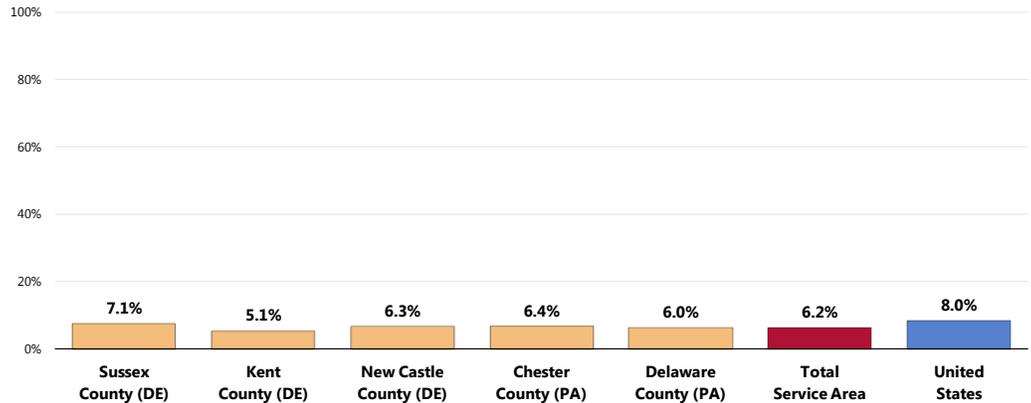
For more information, visit: www.cdc.gov/healthyyouth/yrbs.

Prescriptions for Mental Health

A total of 6.2% of Total Service Area parents report that their child has ever taken a prescribed medication for his/her mental health.

- Similar to national findings.
- Similar among the five counties.

Child Has Ever Taken Prescribed Medications for Mental Health (Children Age 5-17)

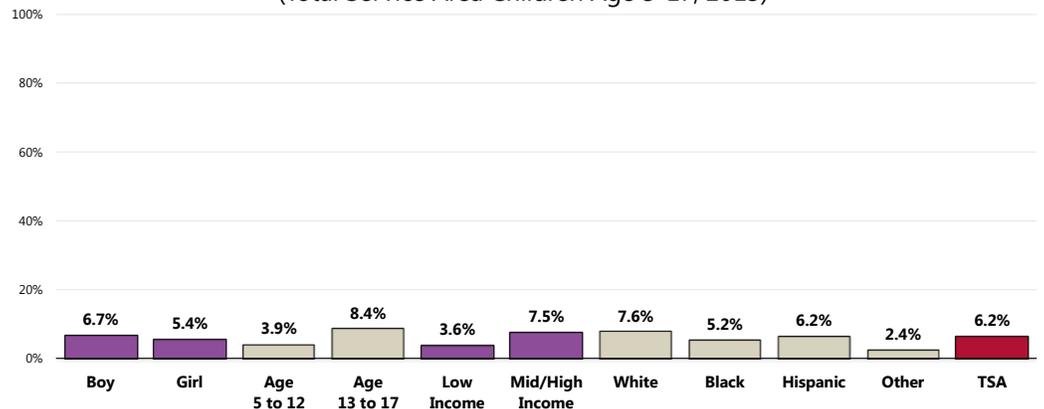


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents about a randomly-selected child aged 5-17 in the household.

👤 Higher among teens, children in mid/high-income households, and White children.

Child Has Ever Taken Prescribed Medications for Mental Health (Total Service Area Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]

Notes: • Asked of all respondents about a randomly-selected child aged 5-17 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Diagnosed Cognitive & Behavioral Disorders

A total of 8.4% of Total Service Area parents have been told by a doctor or other health care provider that their child (age 0-17) had ADD or ADHD (attention-deficit disorder or attention-deficit hyperactivity disorder).

- Similar to national findings.
- Similar by county.
- 👤 15.9% of these respondents characterized their child's ADD/ADHD as "severe."

A total of 7.9% report that they have been told by a doctor or other health care provider that their child (age 0-17) had a learning disability.

- Lower than the national figure.
- No statistical difference by county.
- 👤 7.1% of these respondents characterized their child's learning disability as "severe."

A total of 7.1% have been told by a doctor or other health care provider that their child (age 0-17) had a developmental delay that affects his/her ability to learn.

- Similar to the national prevalence.
- Favorably low in Sussex County.
- 👤 10.4% of these respondents characterized their child's developmental delay as "severe."

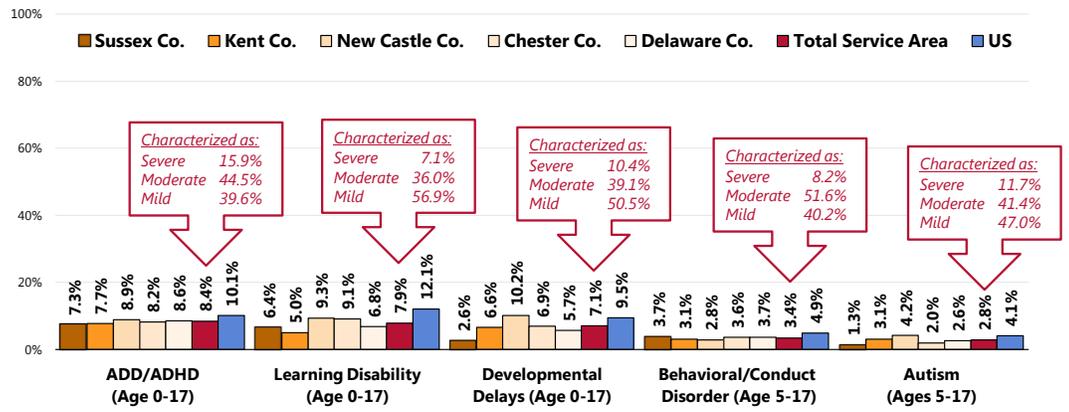
A total of 3.4% have been told by a doctor or other health care provider that their school-age child (age 5-17) had behavioral or conduct problems, such as oppositional defiant disorder or conduct disorder.

- Similar to national findings.
- Similar findings by county.
- 👤 8.2% of these respondents characterized their child's disorder as "severe."

A total of 2.8% have been told by a doctor or other health care provider that their school-age child (age 5-17) had autism.

- Comparable to the US prevalence.
- Comparable by county.
- 👤 11.7% of these respondents characterized their child's autism as "severe."

Child Has Various Cognitive and Behavioral Disorders



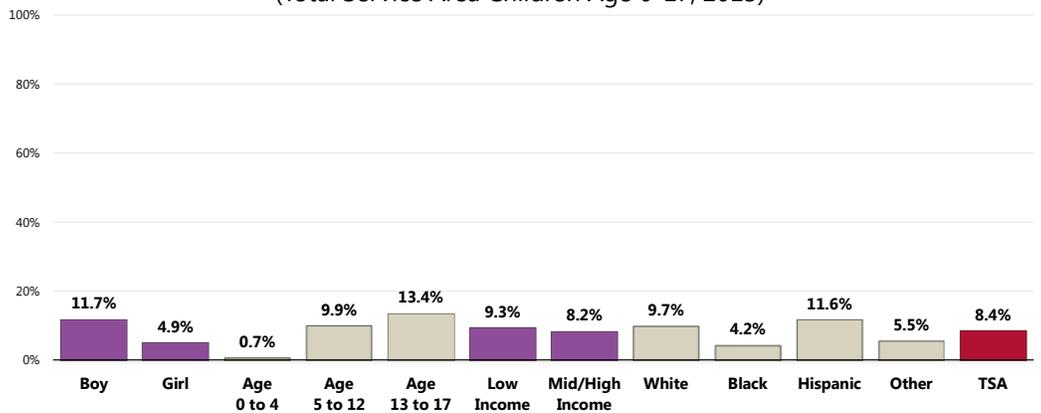
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 62-65, 68-69, 96-99]
 Notes: • Learning Disability, ADD/ADHD & Developmental Delays: asked of all respondents (representing children age 0-17); Behavioral/Conduct Disorder & Autism: asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

ADD/ADHD

👤 The prevalence of ADD/ADHD in service area children is highest in boys, those aged 5 and older (positive correlation with age), White children, and Hispanic children.

Child Has ADD/ADHD

(Total Service Area Children Age 0-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 68]
 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Learning Disabilities

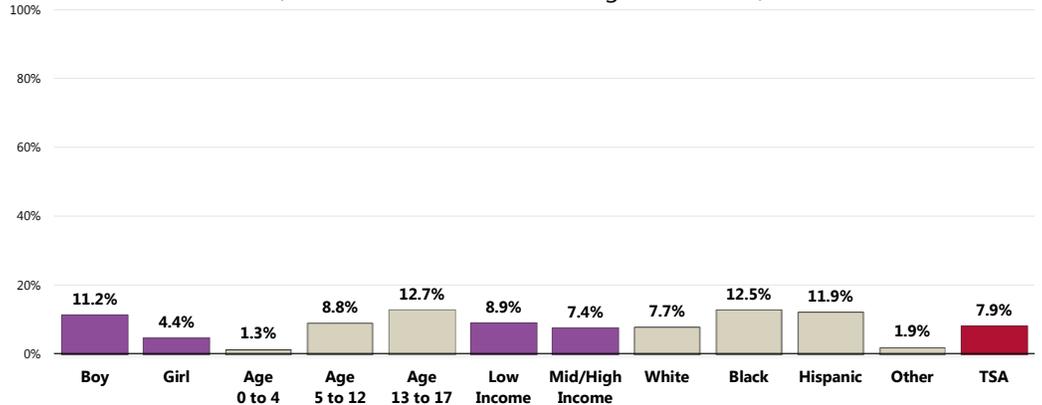
Children more likely to have some type of learning disability include:

👤 Boys.

👤 Children age 5 and older (note the positive correlation with age).

👤 Note that "Other" race children are much less likely to have a learning disability.

Child Has a Learning Disability (Total Service Area Children Age 0-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 62]

Notes: • Asked of all respondents.

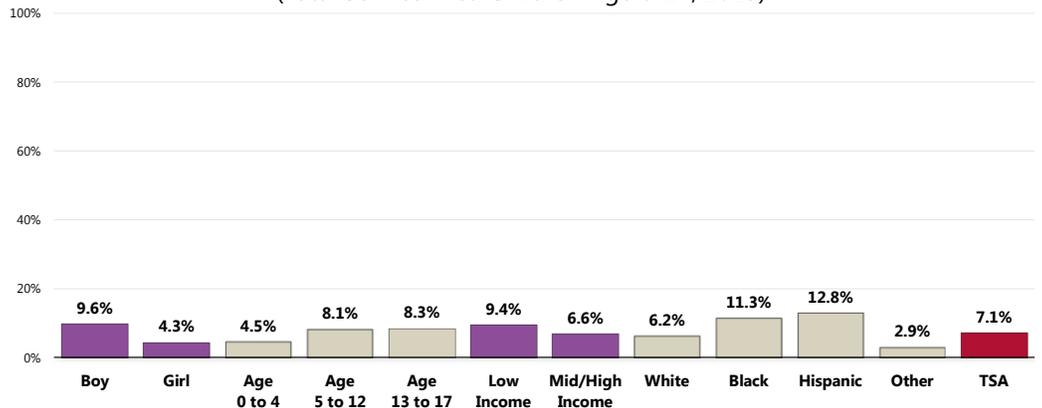
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Developmental Delays

👤 Boys, African American children, and Hispanic children in the Total Service Area are statistically more likely to have developmental delays.

Child Has Developmental Delays (Total Service Area Children Age 0-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 64]

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).

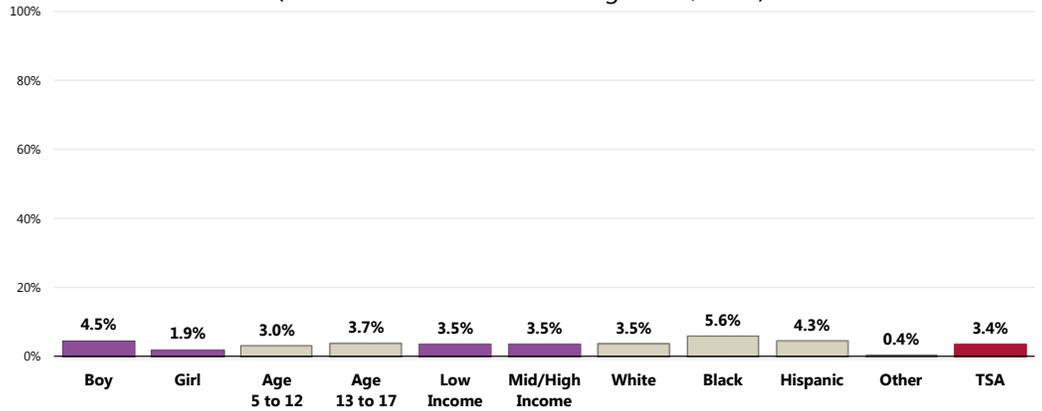
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Behavioral/Conduct Problems

- Boys are more likely than girls to have some type of behavioral or conduct problems.
- In contrast, children of "Other" ethnicities are notably less likely to have behavioral/conduct problems.

Child Has Behavioral/Conduct Problems

(Total Service Area Children Age 5-17, 2013)



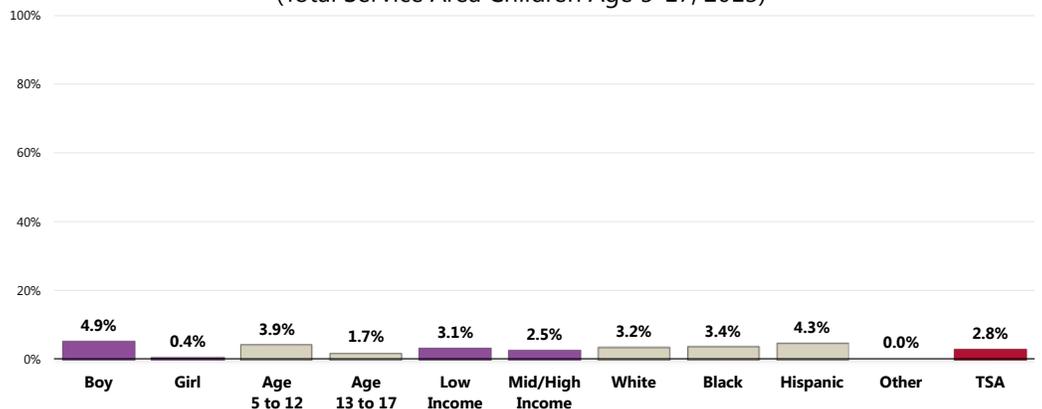
- Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 96]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Autism

- Total Service Area boys are more likely to be autistic.
- Autism was not reported among any represented children of "Other" races.

Child Has Autism

(Total Service Area Children Age 5-17, 2013)



- Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 98]
 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

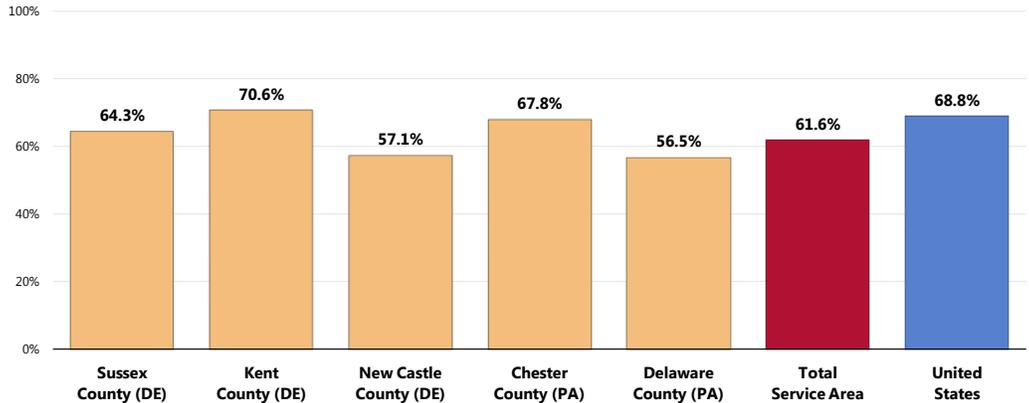
Awareness & Availability of Mental Health Services

Just over 6 in 10 Total Service Area parents (61.6%) are aware of local community resources for mental health.

- Lower than the US prevalence.
- Highest in Kent and Chester counties.

Aware of Mental Health Resources in the Community

(Among Parents of Children Age 5-17)



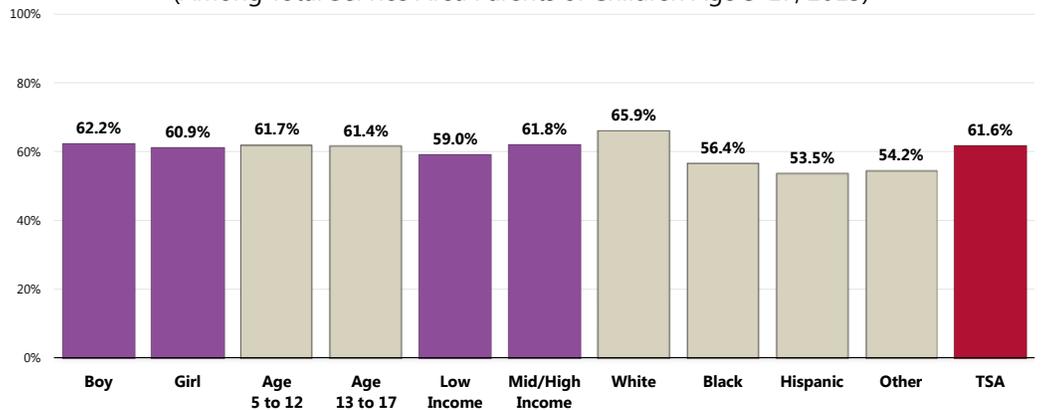
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 100]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

👥 Parents of non-White children are less likely to be aware of local mental health resources.

Aware of Mental Health Resources in the Community

(Among Total Service Area Parents of Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 100]

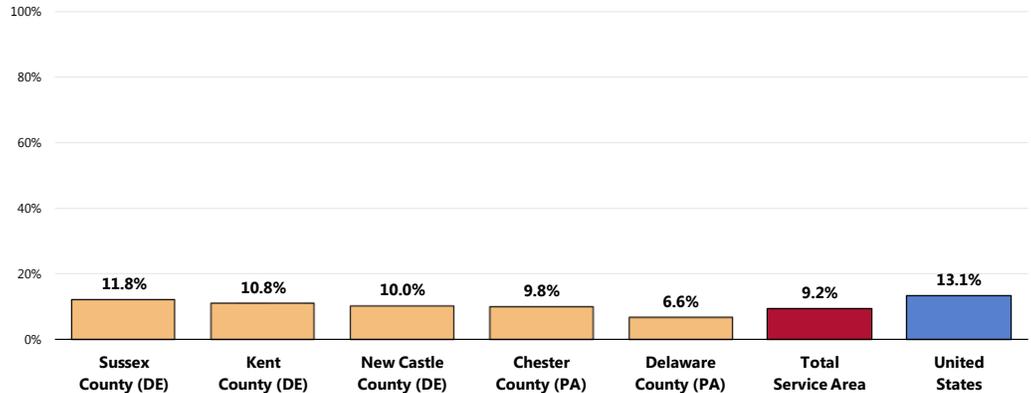
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Of parents who are aware of mental health resources in the area, 14.4% report that their child has used these services.

In the past year, 9.2% of Total Service Area children needed mental or emotional health services.

- Lower than the US figure.
- Similar among the individual counties.

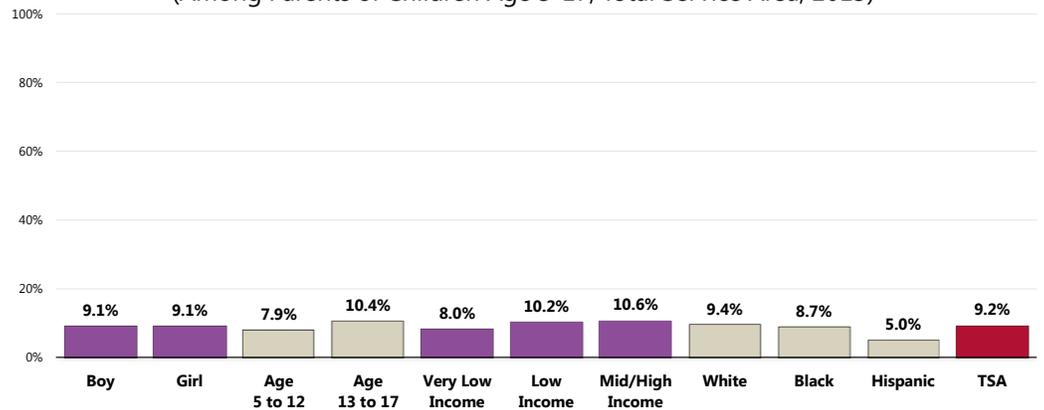
Child Needed Mental Health Services in the Past Year
(Among Parents of Children Age 5-17; Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 84]
 • 2012 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.

👥 White school-aged children are more likely to have needed mental health services in the past year.

Child Has Needed Mental Health Services in the Past Year
(Among Parents of Children Age 5-17; Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 84]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Race represents 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 the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Of those children needing mental or emotional services in the past year, 86.7% received them; for those who did not, reasons included references to cost or insurance coverage, poor past experience, and "did not try" responses.

Related Focus Group Findings: Mental Health

In the key informant focus groups, many discussed mental health services in the community. The main issues discussed include:

- Pervasiveness of behavioral health issues
- Difficulty accessing behavioral healthcare services
- Cultural barriers
- Stigma

Focus group members perceive mental health as a serious health concern for children and adolescents in their community. Participants worry about the **pervasiveness of behavioral health issues** and suicidal ideations in the community. In the past year, both Sussex and Kent County residents have suffered several suicides, which concerns respondents. One participant explains further:

"We had a cluster of suicides centered on Sussex County. We had the CDC help us evaluate that. Their findings were that a lot of the kids that were suicidal felt that there was no other alternative, that this was a viable alternative, suicide. Because of that, one of their primary recommendations was to increase the training and the opportunities for any professionals, teachers, counselors, and others that work with children to be able to provide that counseling and those kinds of alternatives because it's otherwise unavailable in the community." - Kent County Participant

In addition, much of the conversation centered on the **difficulty families face accessing behavioral healthcare services** due to the small number of child psychiatrists. For Medicaid recipients, accessing mental health services is very difficult due to the limited number of providers, and wait times for appointments can extend several months. Some psychiatrists do not even accept private insurance because they have enough private-pay patients to maintain their practice. Overall, the State of Delaware also has a small number of counselors, and those available have long wait lists. A participant describes the reality for families trying to obtain behavioral health treatment, and the limited options if the problem becomes so significant it must be referred to a higher level of care:

"And we have access to counselors, but the waiting list to get in could be enormous. And I know part of the criteria is when you call, say you're referred, they ask you a series of questions and then you're ranked to the severity of your needs. So I know within our program, we have numerous children who need to be referred even for resources for parents in dealing with challenging behaviors." - Sussex County Participant

The two main options for children and adolescents include Delaware Guidance Services and the healthcare services at the school-based health clinics. The school-based health centers report the primary reason for visits to be behavioral health-related.

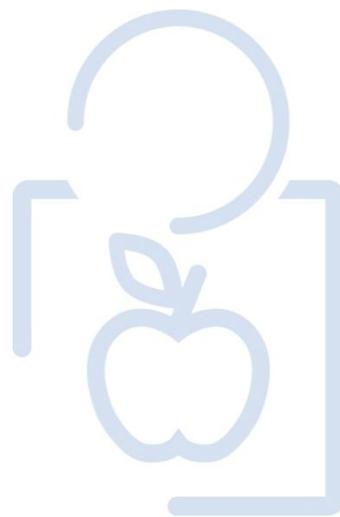
Children and adolescents also may face **cultural barriers or stigma** when attempting to access services and this stigma may limit the ability, or willingness, for families to access behavioral healthcare services. Children under 18 years of age must obtain parental permission to obtain mental health services at the school-based clinics, but parents refuse to allow their children this access.



"We have all kinds of girls that need mental health services. But when we try and get parental permission we don't get it. So I think there's a stigma attached to mental health. 'Not my child. My child doesn't need it.' But they desperately need it. So that's a huge factor." - New Castle County Participant

Participants would also like more bilingual psychiatrists, psychologists and counselors to service the community.

SPECIAL HEALTH NEEDS



Prevalence of Selected Medical Conditions

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"

Speech & Language Problems

A total of 24.2% of Total Service Area parents report that their child has suffered from or been diagnosed with three or more ear infections in his/her lifetime.

- Similar to national findings.
- Favorably low in Delaware County.

A total of 8.1% of area parents report that their child has suffered from or been diagnosed with speech or language problems.

- More favorable than national findings.
- Favorably low in Delaware County.

👤 5.0% of these respondents characterized their child's problem as "severe."

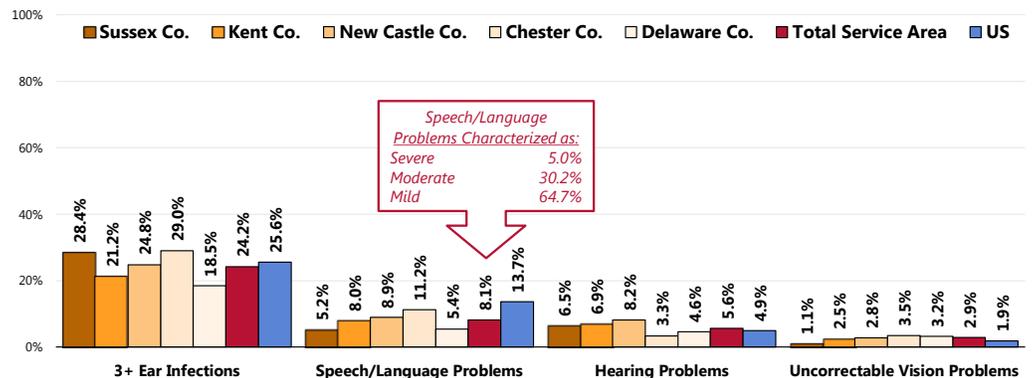
A total of 5.6% of Total Service Area parents report that their child has suffered from or been diagnosed with hearing problems.

- Similar to the nationwide prevalence.
- Lowest in Chester County.

A total of 2.9% of Total Service Area parents report that their child has suffered from or been diagnosed with vision problems that cannot be corrected with glasses or contact lenses.

- Comparable to the national prevalence.
- Favorably low in Sussex County children.

Child Has Vision, Hearing or Speech/Language Problems



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 32, 34, 59, 66-67]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Note: • Asked of all respondents.

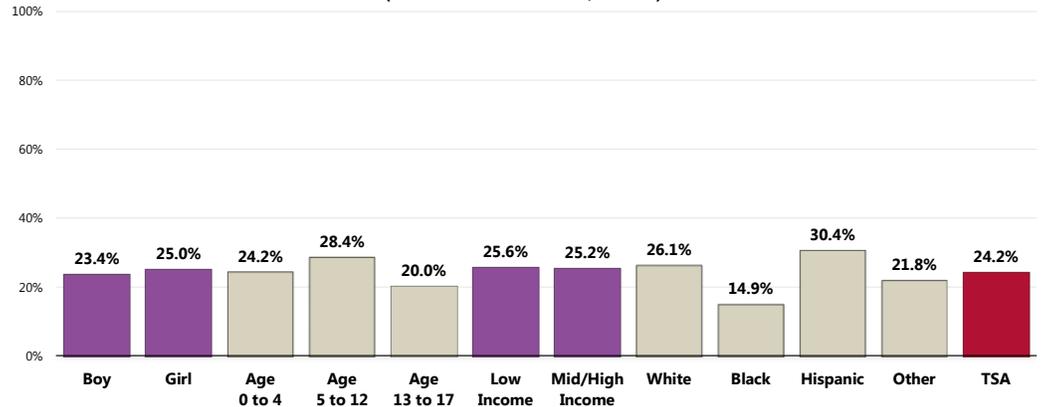
Ear Infections

Children more likely to have had three or more ear infections include:

- 👤👤👤 Those aged 5 to 12.
- 👤👤👤 White or Hispanic children.

Child Has Had 3+ Ear Infections (Ever)

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 59]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

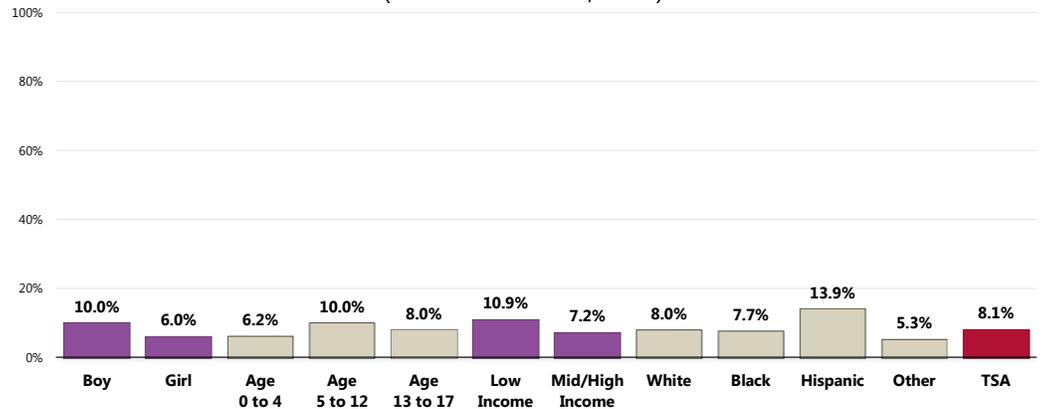
Speech/Language Problems

Children more likely to have speech/language problems include:

- 👤👤👤 Boys.
- 👤👤👤 Hispanic children.

Child Has Speech/Language Problems

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 66]

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).

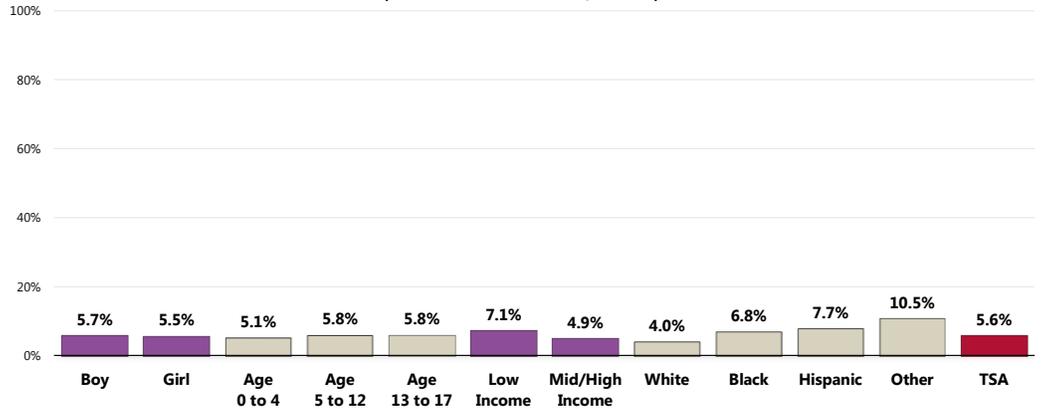
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hearing Problems

 The prevalence of hearing problems is statistically high among “Other” race children.

Child Has Hearing Problems

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 34]

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).

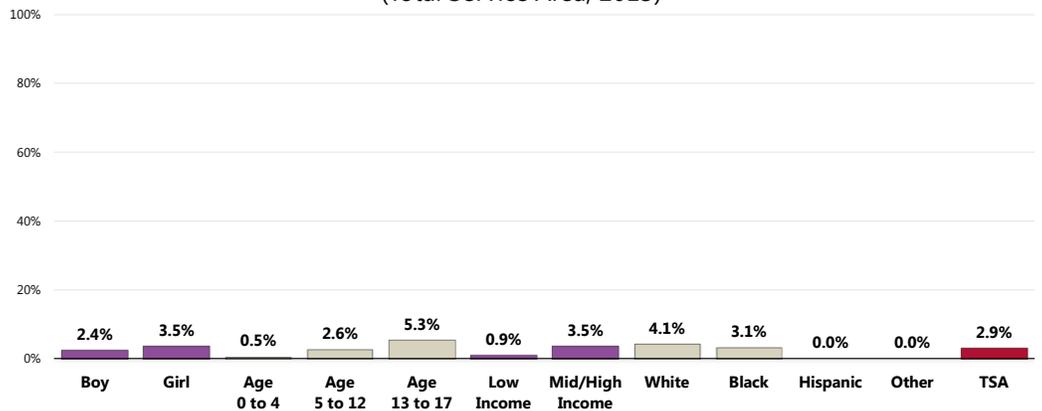
• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Vision Problems

 Uncorrectable vision problems are highest in teens (positive correlation with age), children in mid/high-income households, White children, and African American children in the Total Service Area.

Child Has Uncorrectable Vision Problems

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 32]

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. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Allergies

A total of 16.9% of Total Service Area parents report that their child has suffered from or been diagnosed with respiratory allergies.

- Comparable to the US figure.
- Comparable by county.

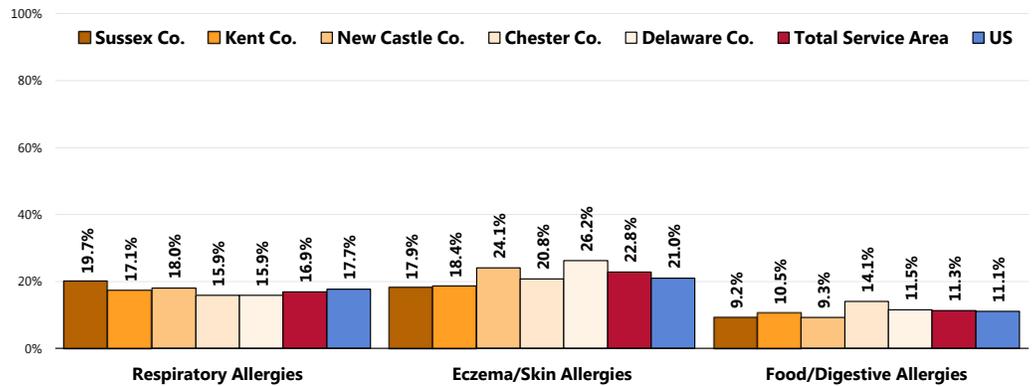
A total of 22.8% of Total Service Area parents report that their child has suffered from or been diagnosed with eczema or any kind of skin allergy.

- Similar to national findings.
- Similar by county.

A total of 11.3% of Total Service Area parents report that their child has suffered from or been diagnosed with a food or digestive allergy.

- Similar to the national prevalence.
- Similar by county.

Child Has Allergies



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 52-54]
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

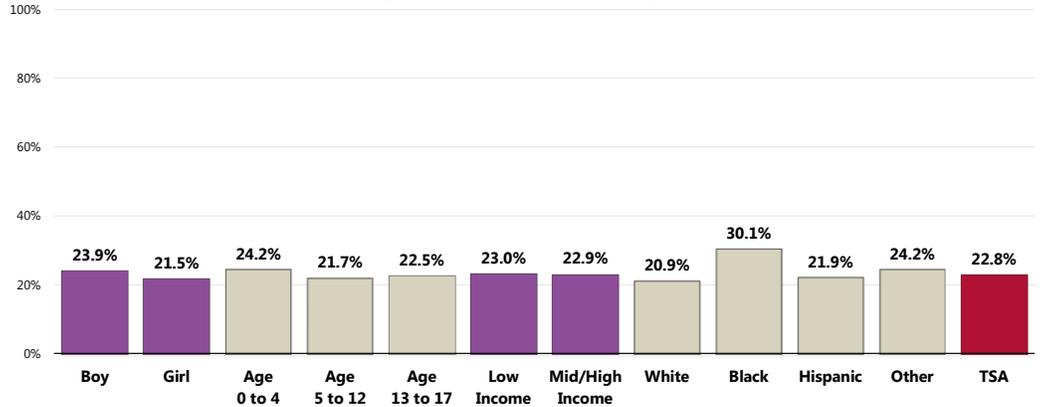
Note: • Asked of all respondents.

Eczema & Skin Allergies

👤 Eczema/skin allergies are highest in African American children.

Child Has Eczema/Skin Allergies

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 54]

Notes: • Asked of 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Respiratory Allergies

Children more likely to have respiratory allergies include:

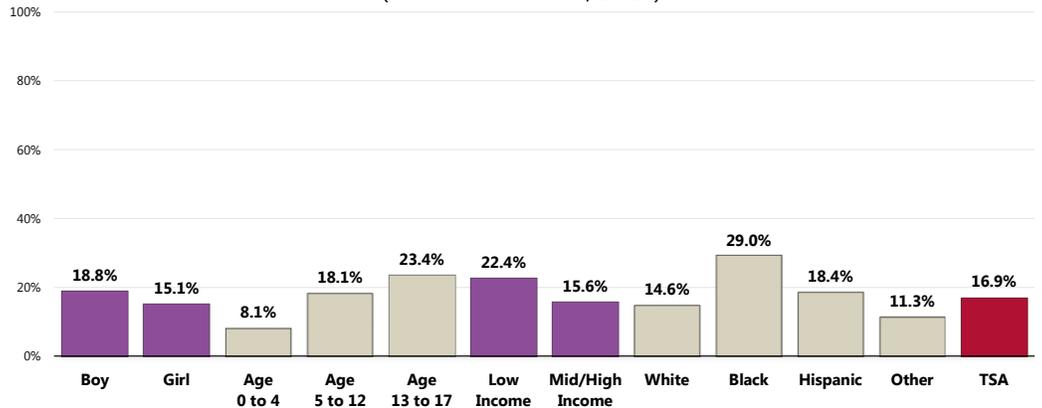
👤 Those aged 5 and older (note the positive correlation with age).

👤 Children living in lower-income households.

👤 African American or Hispanic children.

Child Has Respiratory Allergies

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 52]

Notes: • Asked of respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

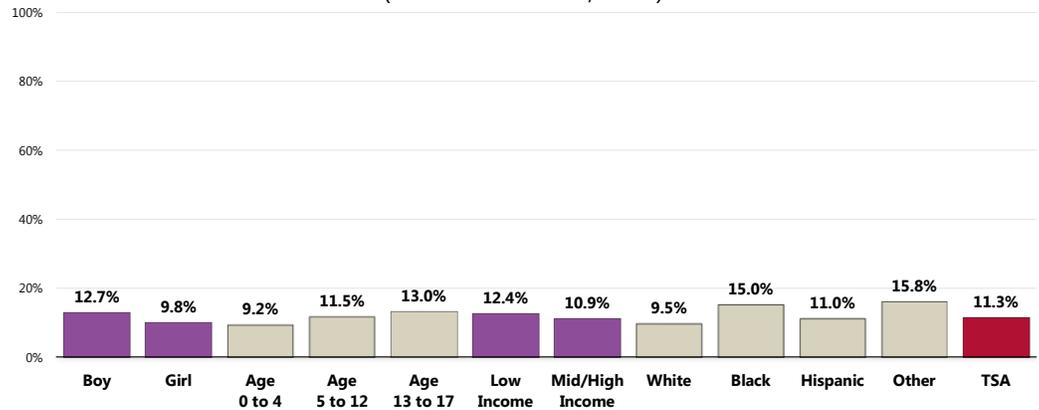
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Food or Digestive Allergies

👤 Food/digestive allergies don't differ significantly by demographic characteristic in Total Service Area children.

Child Has Food/Digestive Allergies

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 53]

Notes: • Asked of 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Related Focus Group Findings: Allergies

Participants spent time discussing the prevalence of food allergies in children and adolescents. The main concerns were:

- Prevalence of allergies
- Allergy management

Focus group attendees worry about the **prevalence of food allergies** in the community. Respondents feel that the number of children suffering from them has increased in recent years. A participant recalls:

"A friend of mine is a teacher. They don't have a peanut-free table; they have a peanut table. You want something with peanuts? That's where you sit. There are too many kids who are allergic." - Delaware Valley Participant

Participants have concern that parents do not recognize the gravity and importance of **allergy management** and having a consistent physician to consult regarding treatment and nutrition planning. Attendees believe that the school system now must play a major role in the allergy management of these children:

"And so, in many ways, it's the preschool program; it's the schools that are actually managing the allergies for the parents. Most of the children that have serious allergies, I would assume, are being referred to a board-certified allergist. So they have their EpiPens. The parents understand, but I guess there is often a gap in leaving the home and going into another institution for the parents. And that's a learning experience that's put upon the school to do that." - Sussex County Participant

Another participant explains the severity of some of the allergies:

"I mean we had a child last year that literally could eat lettuce. That's it. Nothing else. Lettuce. And mom wanted the child to have the same experience, as everybody else, so that's what we fed the child was lettuce. So the point that I'm trying to make is some of these children have severe and multiple allergies. It's just not simply, oh, you know, milk or eggs or – lots of...many, many."
 - Sussex County Participant

Head Start requires action planning for any child with allergies. Attendees want a standardized form that pediatricians, allergists and the school system could all utilize.

Neurological Conditions

A total of 6.0% of Total Service Area parents report that their child has suffered from or been diagnosed with migraines or severe headaches.

- Similar to national findings.
- Similar among the individual counties.

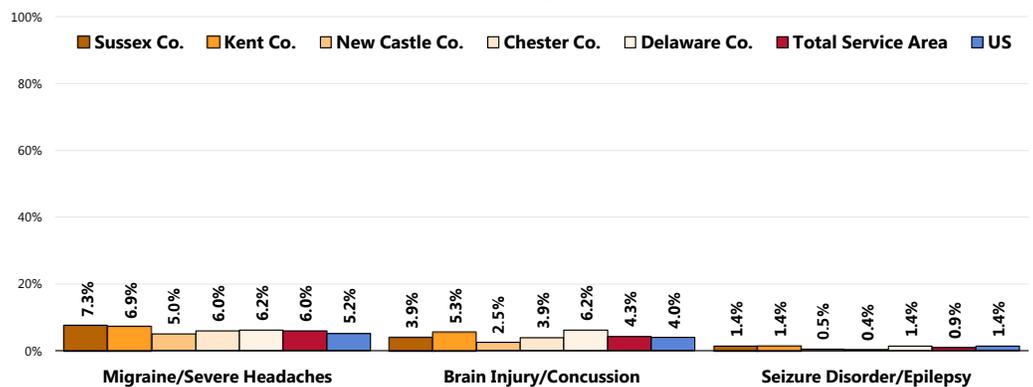
A total of 4.3% of Total Service Area parents report that their child has suffered from or been diagnosed with a brain injury or concussion.

- Statistically similar to national findings.
- Similar by county.

Just 0.9% of Total Service Area parents report that their child has suffered from or been diagnosed with a seizure disorder, such as epilepsy.

- Similar to national findings.
- Similar among the individual counties.

Child Has Neurological Conditions



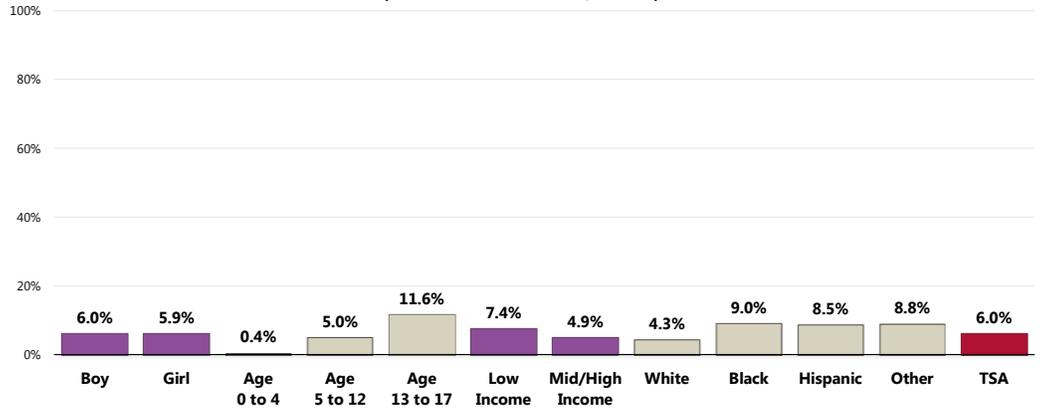
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 55, 57, 58]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Note: • Asked of all respondents.

Migraines/Severe Headaches

Teens are more likely to suffer from migraines/headaches (note the positive correlation with age).

Child Has Migraines/Severe Headaches

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 58]
 Notes: • Asked of 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Brain Injuries/Concussions

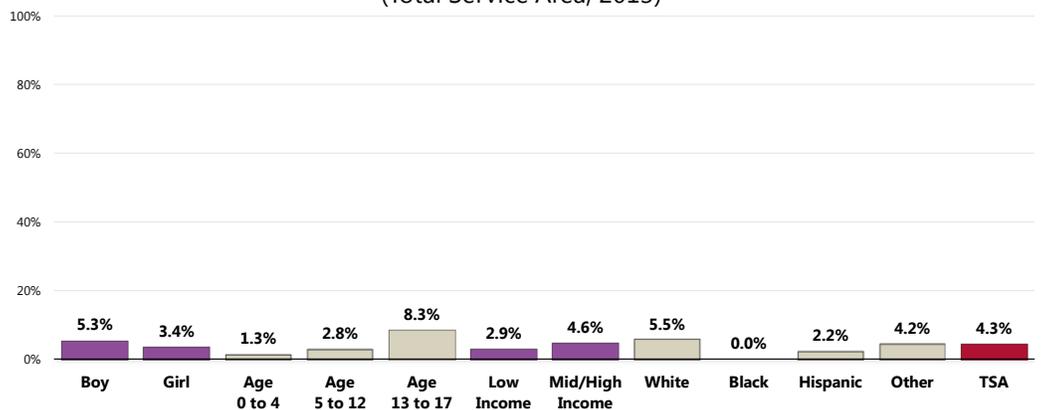
Children more likely to have had a brain injury or concussion include:

Teens.

White children.

Child Has Brain Injury/Concussion

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 57]
 Notes: • Asked of 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

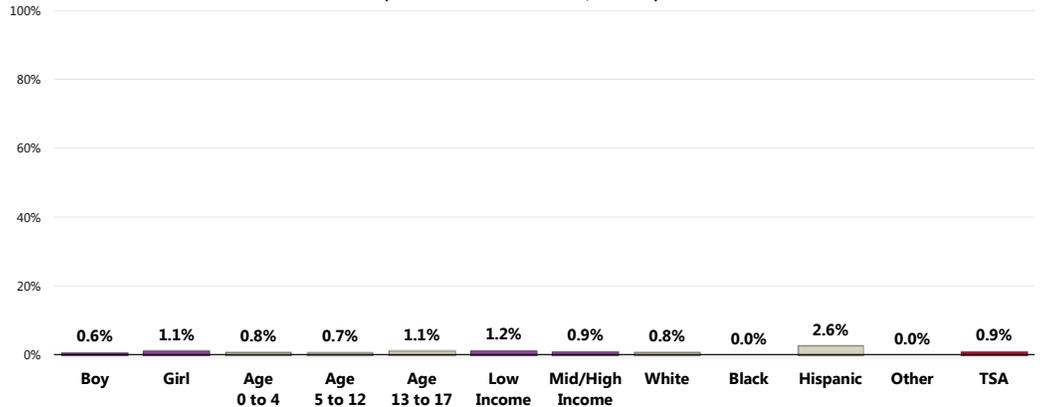
RELATED ISSUE:
 See also *Injury & Safety* in the
Modifiable Health Risks
 section of this report.

Seizure Disorders

 Higher in Hispanic children.

Child Has Epilepsy/Seizure Disorder

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 55]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

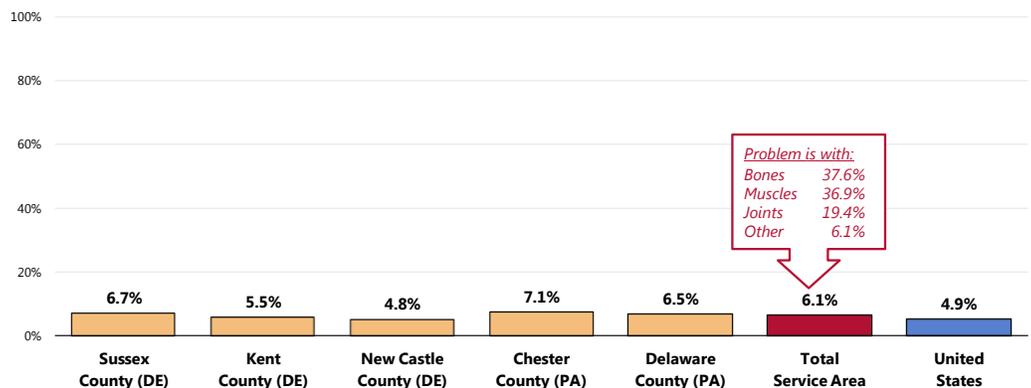
Bone, Joint & Muscle Problems

A total of 6.1% of Total Service Area parents report that their child has suffered from or been diagnosed with bone, joint or muscle problems.

- Similar to US findings.
- Statistically similar by county.

 Among these respondents, 37.6% identified this as a problem with their child's **bones**, while 36.9% reported a problem with **muscles** and 19.4% reported a problem with **joints**.

Child Has Bone, Joint or Muscle Problems



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 60-61]

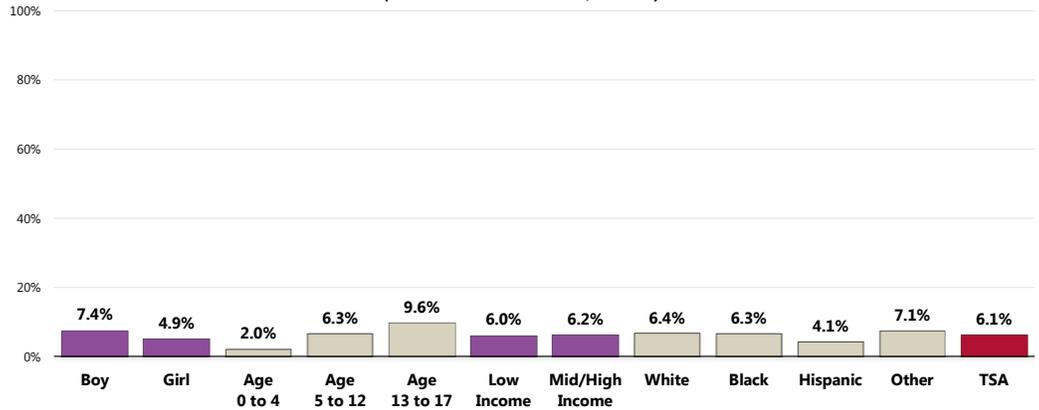
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Note: • Asked of all respondents.

 The prevalence of bone, joint or muscle problems increases with age in the Total Service Area.

Child Has Bone, Joint or Muscle Problems

(Total Service Area, 2013)



Sources:

- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 60]

 Note:

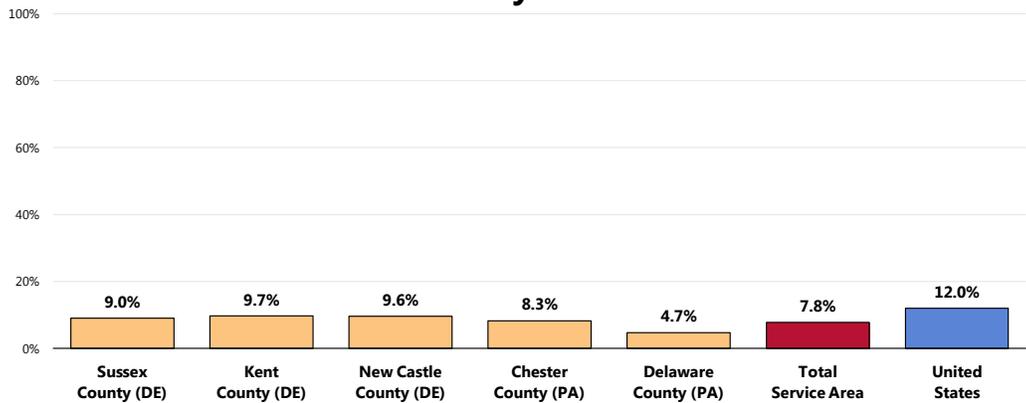
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Asthma

A total of 7.8% of Total Service Area children age 0 to 17 currently have asthma.

- Better than the national figure.
- Favorably low in Delaware County.

Child Currently Has Asthma



Sources:

- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 142]
- 2013 PRC National Child & Adolescent Survey, Professional Research Consultants, Inc.

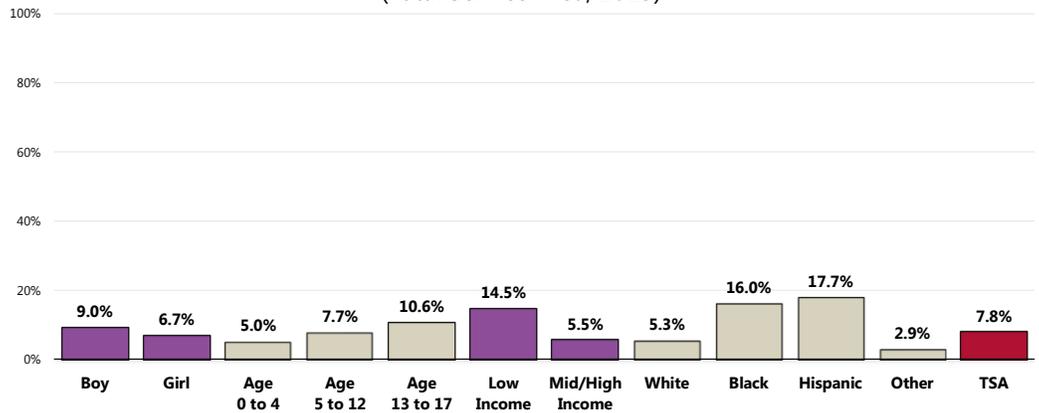
 Note:

- Asked of all respondents.

Viewed by demographics, the asthma prevalence in area children is highest among:

- Teens.
- Those in low-income households.
- African American children and Hispanic children.

Child Currently Has Asthma (Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 142]
Note: • 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Asthma-Related Care

Among Total Service Area children with asthma, 67.1% did not experience any emergency or urgent care visits due to their asthma in the past year.

- On the other hand, 15.6% of asthmatic children in the Total Service Area had 3+ asthma-related emergency medical visits over the past year.

Among Total Service Area children with asthma, 18.2% were hospitalized overnight in the past year because of their asthma, the majority of whom were hospitalized one time.

Among Total Service Area school-aged children with asthma, 44.5% missed school because of asthma-related problems in the past year.

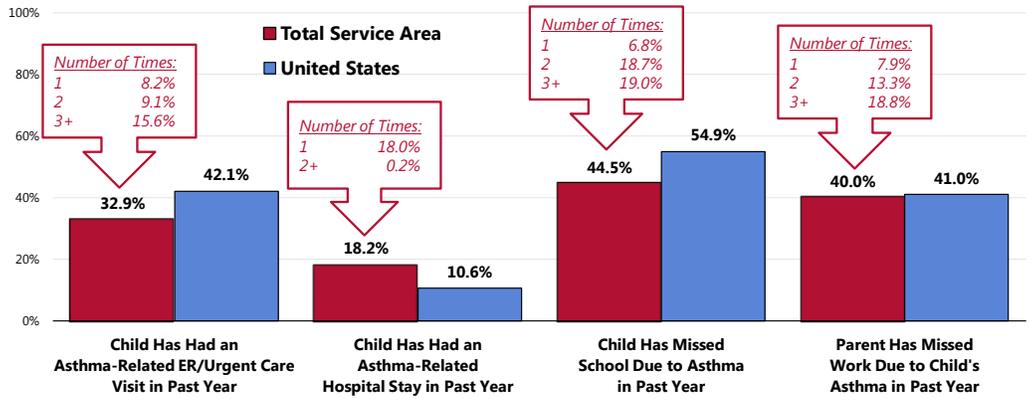
- This includes 19.0% of school-aged asthmatic children in the Total Service Area who missed 3+ school days because of their asthma in the past year.

In a related issue, 40.0% of Total Service Area parents with asthmatic children missed at least one day of work in the last year because of their child's asthma.

- This includes 18.8% who missed 3 or more workdays due to their child's asthma.

Compared with US findings among parents of asthmatic children, Total Service Area findings are statistically comparable for **each of these** asthma-related items.

Asthma-Related Care (Among Children With Asthma)



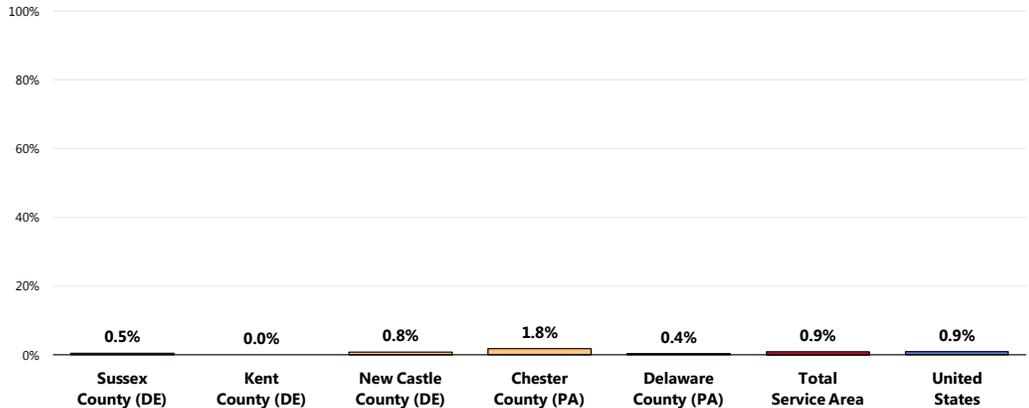
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 48-51]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents with a child who currently has asthma.

Diabetes

Just 0.9% of Total Service Area parents has been told by a doctor or other health care provider that their child (age 0-17) had diabetes.

- Identical to national findings.
- Lowest (null response) in Kent County.

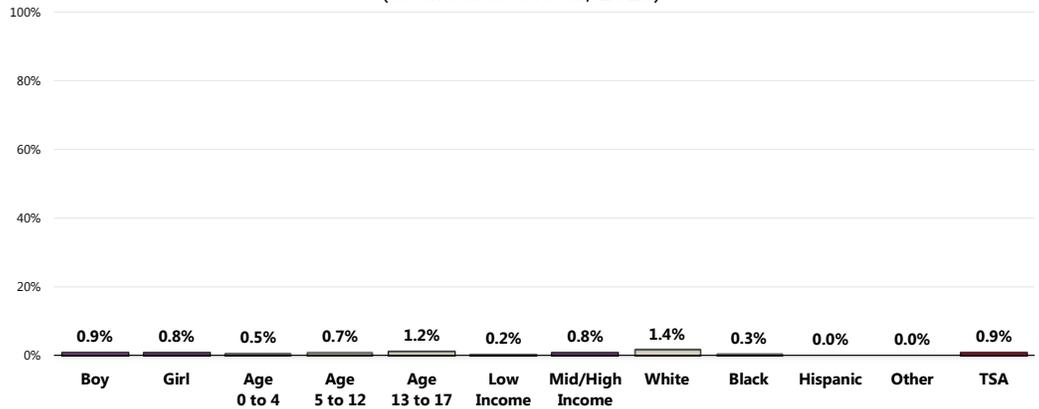
Child Has Diabetes



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 56]
 • 2013 PRC National Child & Adolescent Survey, Professional Research Consultants, Inc.
 Note: • Asked of all respondents.

👤 Total Service Area White children are more likely than others to be diabetic.

Child Has Diabetes (Total Service Area, 2013)



- Sources:
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 56]
- 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Managing Children's Special Health Needs

Prescriptions & Special Therapy

A total of 23.5% of area children have a chronic condition (one that has lasted or is expected to last one year or more) **that requires prescription medication(s), not counting vitamins.**

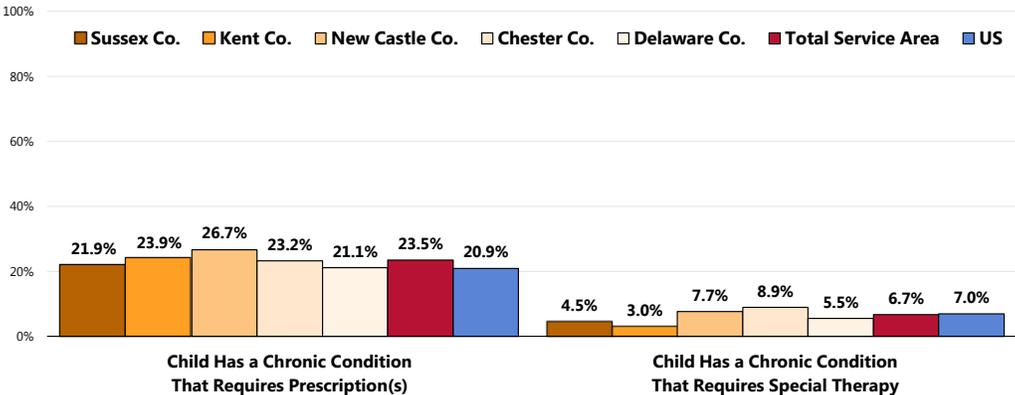
- Similar to national findings.
- Statistically similar among the five counties.

A total of 6.7% of Total Service Area children have a chronic condition (one that has lasted or is expected to last one year or more) **that requires special therapy, such as physical, occupational or speech therapy.**

- Similar to national findings.
- Lower in Kent County.

Speech therapy was most often noted when asked about the type of therapy needed for children with a chronic condition.

Managing Children's Special Health Needs



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 158-159]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Note: • Asked of all respondents.
 • In this case, "chronic conditions" are defined as conditions that have lasted, or are expected to last, 12 months or longer.

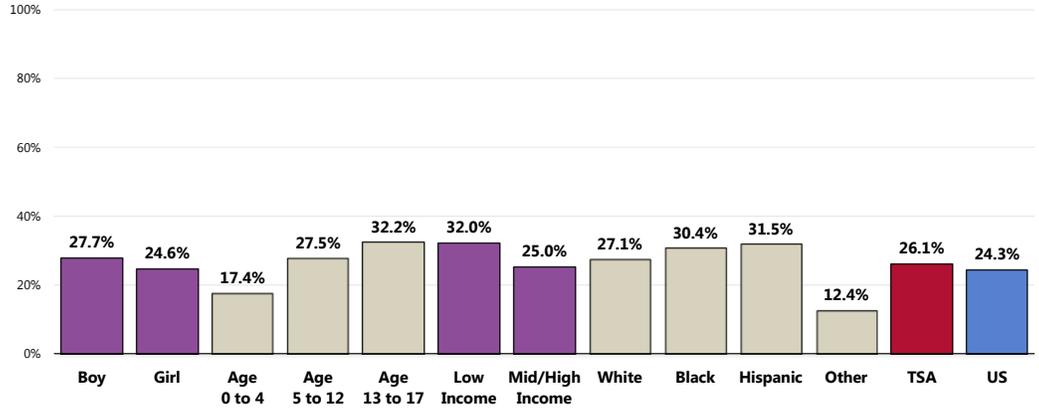
In taking into account either of the above, a total of 26.1% of Total Service Area children have a chronic condition requiring either prescriptions or special therapies.

- Comparable to that found nationwide.
- Comparable by county (not shown).

This is more prevalent among:

- Children age 5 and older (positive correlation with age).
- Children in low-income households.

Child Has a Chronic Condition That Requires Either Prescription(s) OR Special Therapy (Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 168]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Note: • Asked of all respondents.
 • In this case, "chronic conditions" are defined as conditions that have lasted, or are expected to last, 12 months or longer.
 • 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

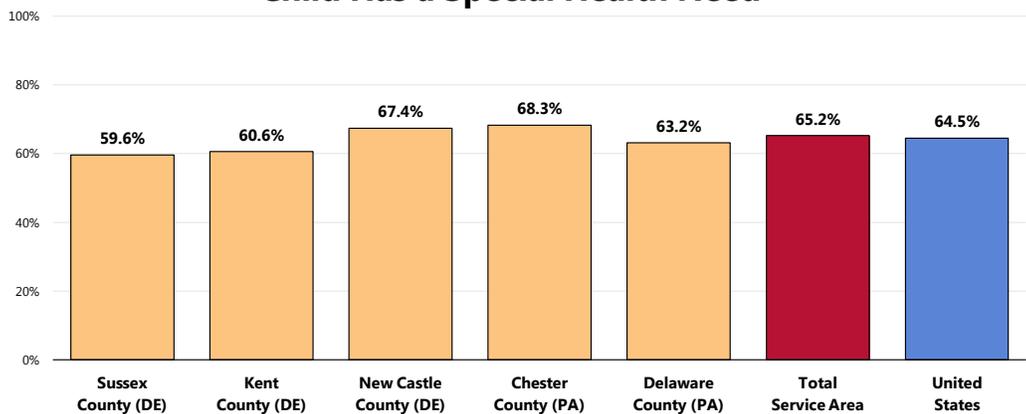
Special Health Needs

Prevalence of Special Health Needs

In all, 65.2% of children (age 0-17) in the service area are determined to have special health needs (meaning that they are reported to have one or more of the chronic disease conditions tested in the survey or any another chronic condition not specifically tested).

- Similar to national findings.
- Similar by county.

Child Has a Special Health Need



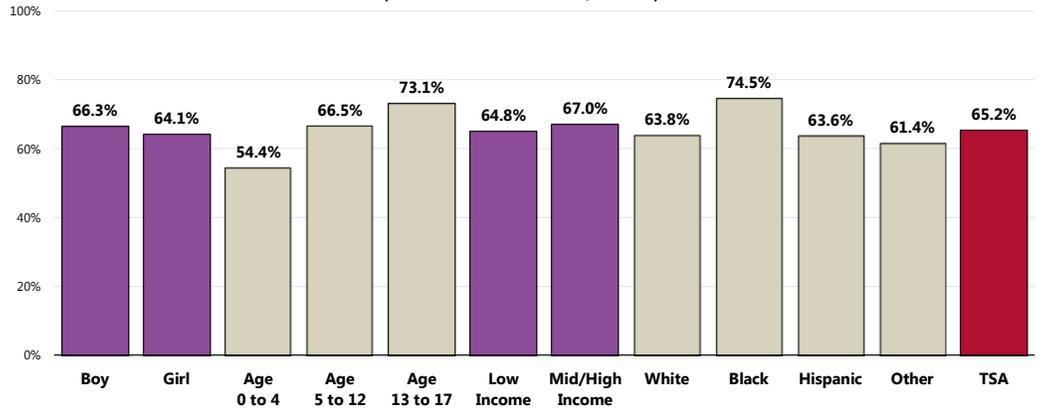
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 163]
 • 2013 PRC National Child & Adolescent Survey, Professional Research Consultants, Inc.

Note: • 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 increases with age and is more prevalent among African American children in the Total Service Area.

Child Has a Special Health Need (Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 163]
 Note: • Includes respondents reporting a child's diagnosis of any medical condition specifically measured in the survey, as well as any other not specifically addressed.
 • 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

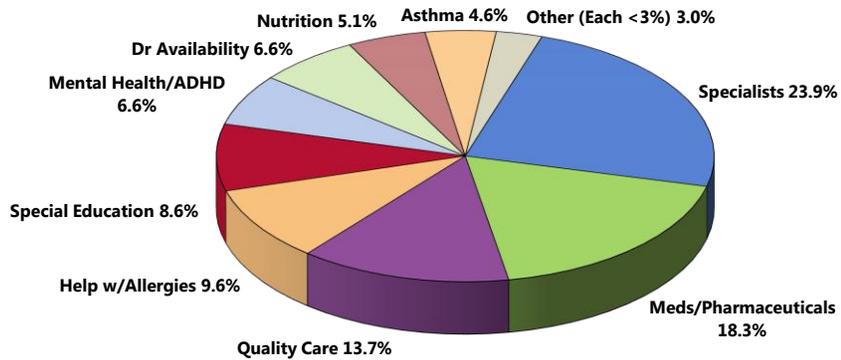
Child's & Parent's Needs

*"What is your greatest need for your child with special needs?"
 [In this case, the term "special needs" includes children reported to have any of the chronic disease conditions tested in the survey.]*

A total of 23.9% of Total Service Area parents of children with special health needs (as defined previously) identified specialists as their greatest need for this child.

- Other common needs mentioned by parents included medications/ pharmaceutical supplies, quality care, help with allergies, special education, help with mental problems/ADHD, physician availability, nutrition, and asthma.
- Note that these data exclude the 41.4% of respondents who were uncertain or said "nothing."

Respondents' Greatest Need for Child With Special Needs (Among Total Service Area Children With Special Health Needs, 2013)



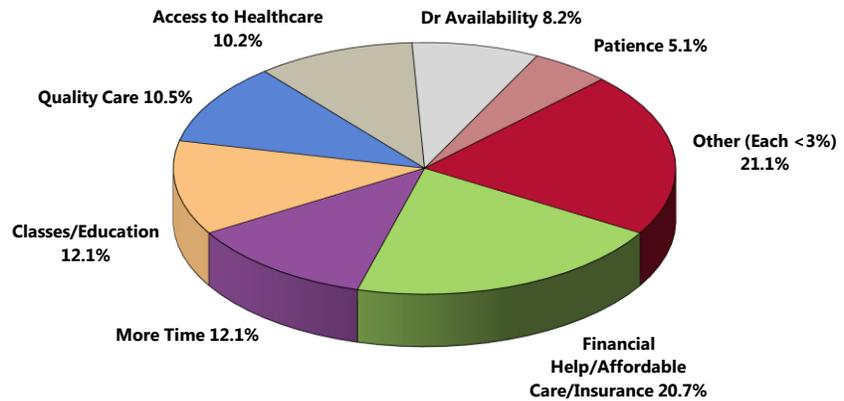
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 70]
 Notes: • Asked of all respondents whose child has special health needs; excludes those who were uncertain or unable to provide a response.

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

With regard to the greatest needs of parents themselves in taking care of their child with special health needs, the largest share of responses was for **financial help (20.7%, including references to “insurance” and “affordable care”)**.

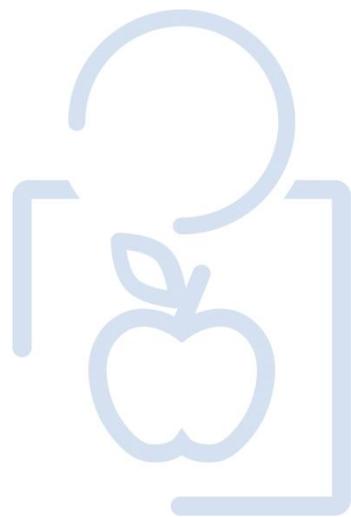
- Other needs often mentioned by these parents of children with special needs included more time, classes/education, quality care, access to healthcare, doctor availability, and patience.
- Note that these data exclude the 28.1% of respondents who were uncertain or said “nothing.”

Respondents’ Greatest Need for Self in Caring for Child With Special Health Needs (Among Total Service Area Children With Special Health Needs, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 71]
Notes: • Asked of all respondents whose child has special health needs; excludes those who were uncertain or unable to provide a response.

PRENATAL & INFANT HEALTH



Prenatal Care

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).

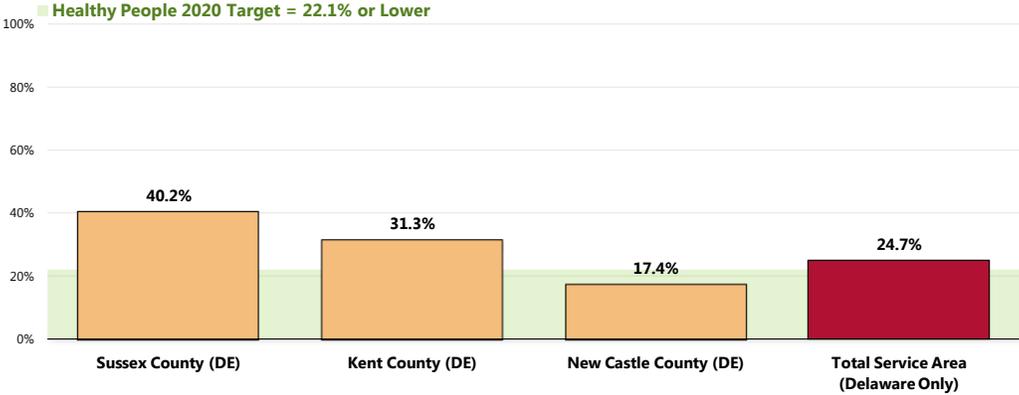
– Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health.

Between 2005 and 2009, 24.7% of Delaware only births did not receive prenatal care in the first trimester of pregnancy.

- Fails to satisfy the Healthy People 2020 target (22.1% or lower).
- Most favorable in New Castle County.
- Note that comparable Pennsylvania data were not available for this statistic.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2005-2009)



Sources: ● Delaware Health Statistics Center
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
 Note: ● Numbers are a percentage of all live births within each population.
 ● Comparable data not available for Pennsylvania counties.

Low-Weight Births

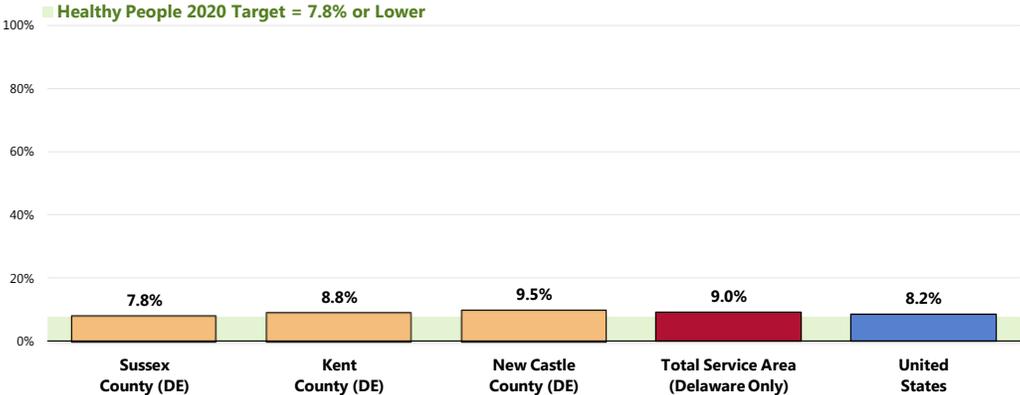
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

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

A total of 9.0% of 2005-2009 Delaware births were low-weight.

- Higher than the national proportion.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).
- Higher in New Castle County, lower in Sussex County.
- Note that comparable Pennsylvania data were not available for this statistic.

Low-Weight Births
(Percentage of Live Births, 2005-2009)



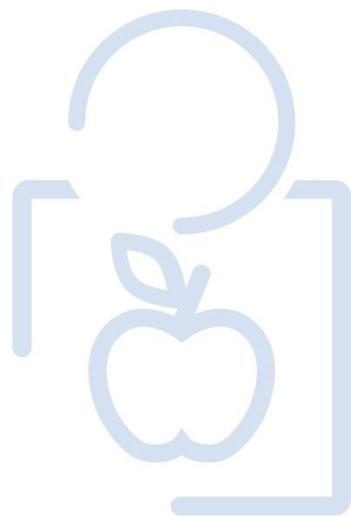
Sources:

- Delaware Health Statistics Center
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

 Note:

- Numbers are a percentage of all live births within each population.
- Defined as an infant born weighing less than 5.5 pounds (2,500 grams) regardless of gestational age.
- Comparable data not available for Pennsylvania counties.

CHILD & ADOLESCENT MORTALITY



Mortality Rates

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

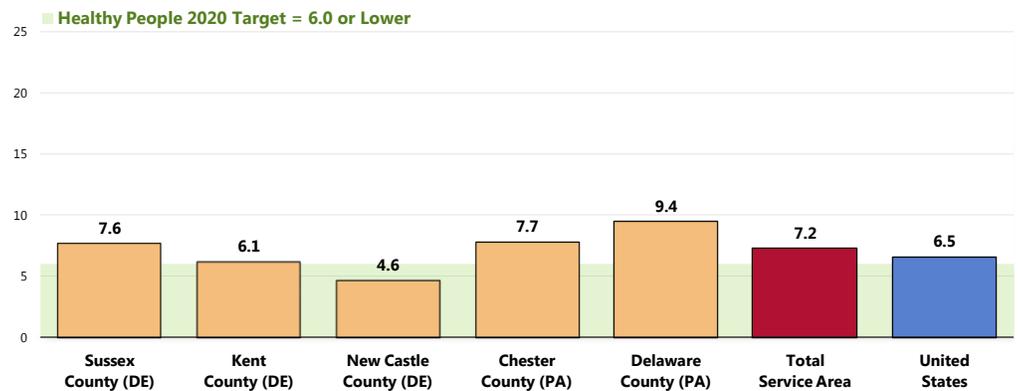
Infant Mortality

Between 2008 and 2010, there was an annual average of 7.2 infant deaths per 1,000 live births in the Total Service Area.

- Above the national rate.
- Fail to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.
- Highest in Sussex, Chester, and Delaware counties; favorably lower in Kent and New Castle counties.

Infant Mortality Rate

(2008-2010 Annual Average Infant Deaths per 1,000 Live Births)

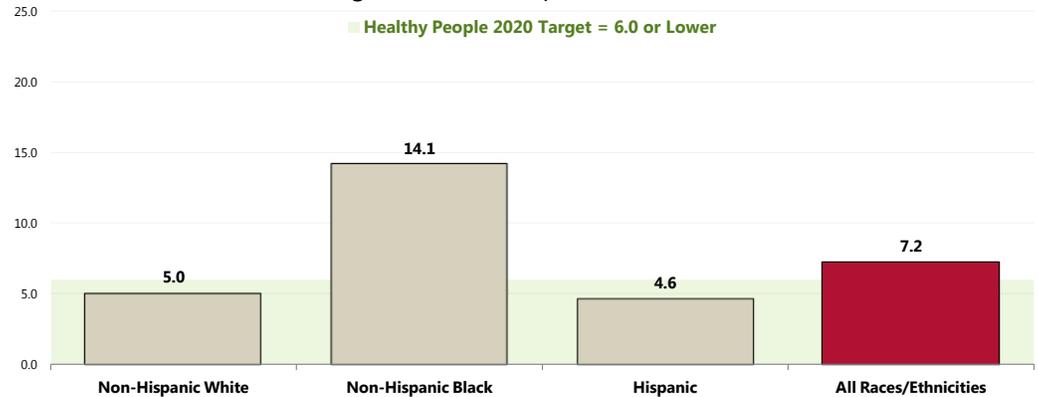


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
 Notes: • Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Infant mortality is particularly high in Non-Hispanic African American births.

Infant Mortality Rate

(2008-2010 Annual Average Infant Deaths per 1,000 Live Births, Total Service Area)



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 2013.
 • 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 Mortality

Between 2008 and 2010, the Total Service Area reported an annual average of 21.5 child deaths (age 1 to 4) per 100,000 population.

- Better than the national rate.
- Satisfies the Healthy People 2020 target of 25.7 per 100,000 population.

With regard to children age 5 to 9, the area's crude death rate was 9.3 per 100,000 population.

- Better 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 2008-2010 crude death rate was 11.6 per 100,000 population.

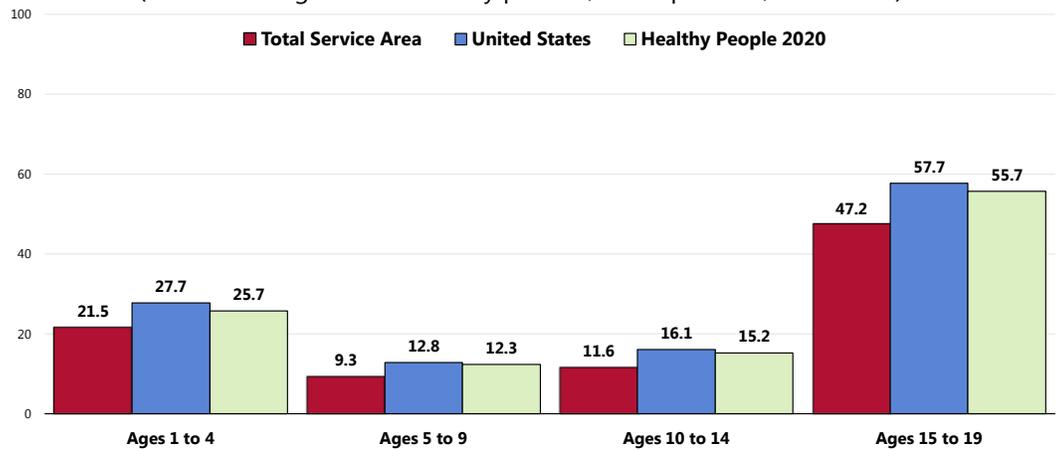
- Better than the national rate.
- Satisfies the related Healthy People 2020 goal of 15.2 deaths per 100,000 population.

Among area teens (age 15 to 19), the crude death rate was 47.2.

- Lower 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; 2008-2010)



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 2013.
• 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.

Leading Causes of Child Deaths

The predominant cause of death between 2008 and 2010 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).

- The second leading cause of death for infants was **congenital conditions** (including congenital malformations, deformations and chromosomal abnormalities).

Accidents were the number-one leading cause of death for Total Service Area children age 1 through 19.

- Among children age 1-4, **congenital conditions** and **cancer** followed accidents as the leading causes of death.
- For children age 5-9, **cancer** and **congenital conditions** followed accidents as the leading causes of death.
- Among those age 10-14, **cancer** and **suicide** followed accidents.
- **Firearms** (mainly homicide) and **suicide** followed accidents (which were mainly motor vehicle crashes) as the leading causes of death for Total Service Area teens (15-19).

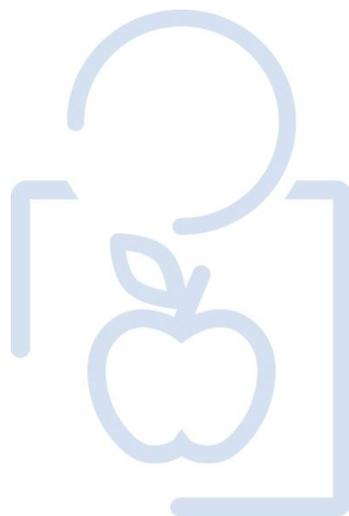
See also Injury & Safety in the Modifiable Health Risks section of this report.

Leading Causes of Child Deaths by Age Group (Total Service Area, 2008-2010)

Total Service Area	Under 1 Year	Age 1 to 4	Age 5 to 9	Age 10 to 14	Age 15 to 19
Number-One Leading Cause	Perinatal Conditions*	Accidents	Accidents	Accidents	Accidents (Mainly Motor Vehicle)
Number-Two Leading Cause	Congenital Conditions**	Congenital Conditions**	Cancer	Cancer	Firearm-Related (Mainly Homicide)
Number-Three Leading Cause		Cancer	Congenital Conditions**	Suicide	Suicide

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 2013.
 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.

MODIFIABLE HEALTH RISKS



Nutrition

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)

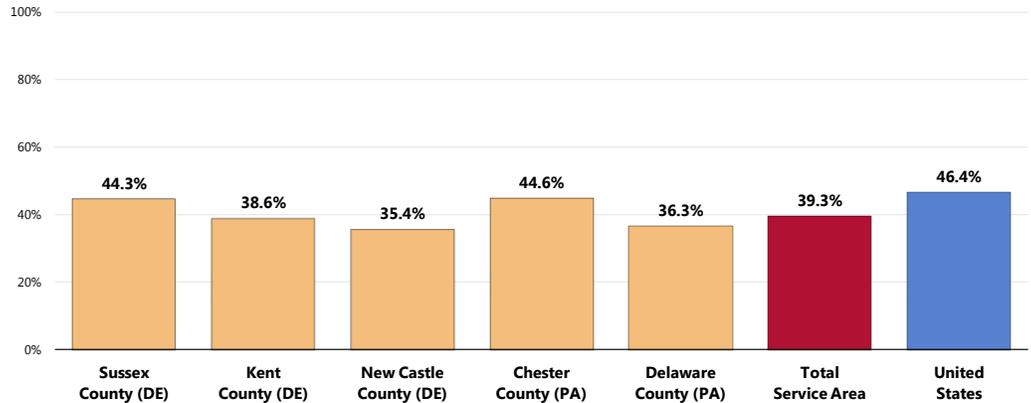
Fruit & Vegetable Consumption

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

A total of 39.3% of Total Service Area respondents report that their child eats five or more servings of fruits and/or vegetables per day.

- Lower than the national prevalence.
- Statistically similar among the five counties.

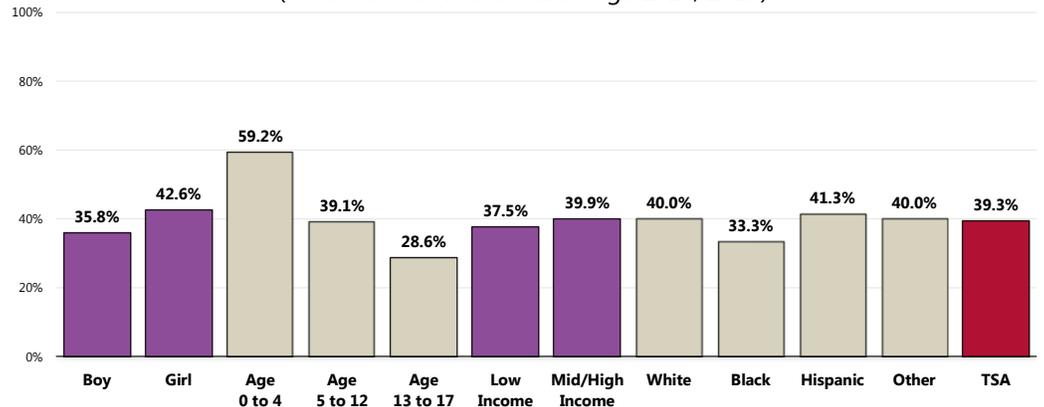
Child Has Five or More Servings of Fruits/Vegetables per Day (Children Age 2-17)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 160]
 • 2012 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 aged 5 and older are reported to be less likely to get the recommended daily servings of fruits and vegetables (negative correlation with age), as are boys and African American children.

Child Has Five or More Servings of Fruits/Vegetables per Day (Total Service Area Children Age 2-17, 2013)



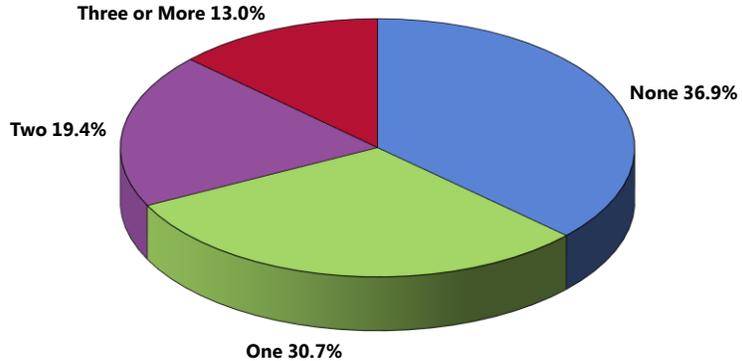
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 160]
 Notes: • Asked of all respondents about a randomly-selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Fast Food

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

A total of 36.9% of survey respondents report that their child (age 2-17) had no "fast food" meals in the past week.

Number of Fast Food Meals for Child in the Past Week
(Total Service Area Children Age 2-17, 2013)

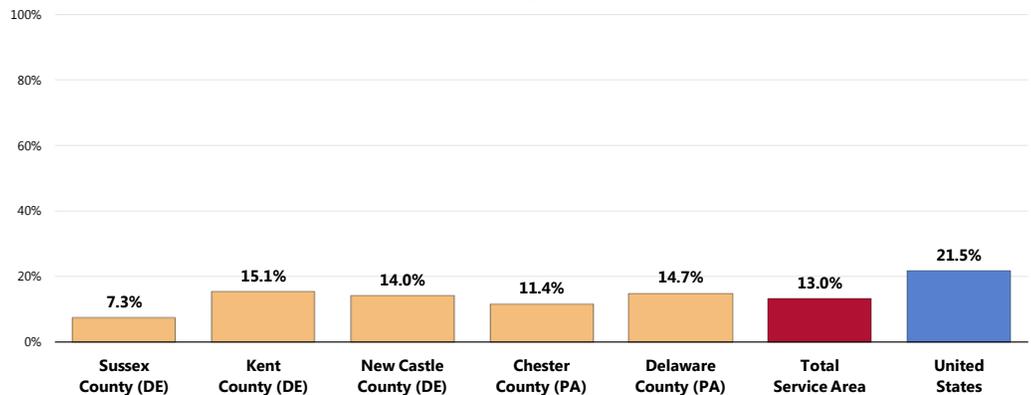


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 122]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

However, 13.0% acknowledge that their child had three or more meals from "fast food" restaurants in the past week.

- Better than national findings.
- Favorably lower in Sussex County.

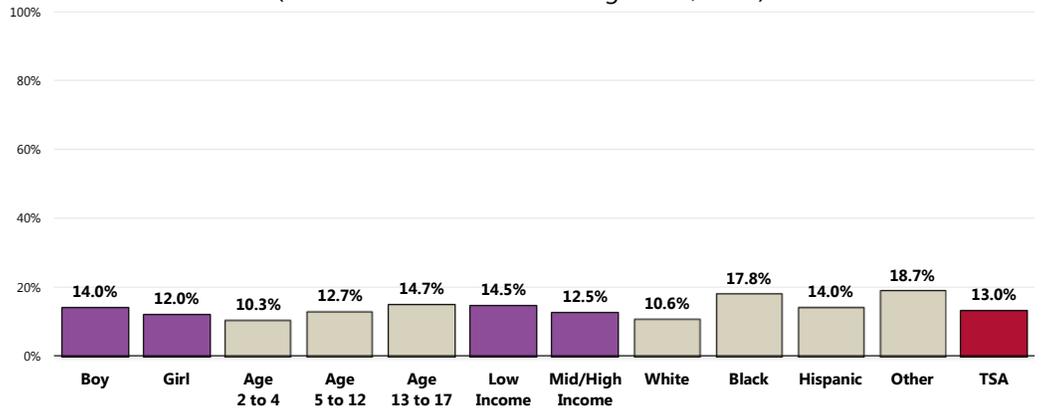
Child Had Three or More Fast Food Meals in the Past Week
(Children Age 2-17)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 122]
• 2012 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 2 and 17.

👤 This prevalence does not vary by key demographics in the Total Service Area.

Child Had Three or More Fast Food Meals in the Past Week (Total Service Area Children Age 2-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 122]
 Notes: • Asked of 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Breastfeeding & Breast Milk

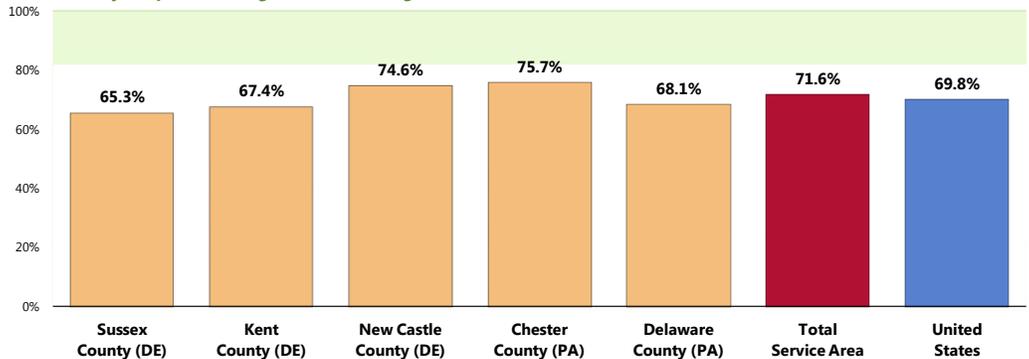
"For the next question, I would like you to think back to when this child was an infant. As best you can recall, was this child ever breast-fed or fed using breast milk?"

A total of 71.6% of Total Service Area children (age 0 to 17) were ever breastfed or fed using breast milk (regardless of duration).

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (81.9% or higher).
- No significant difference by county.

Child Was Ever Breastfed/Fed Breast Milk as an Infant

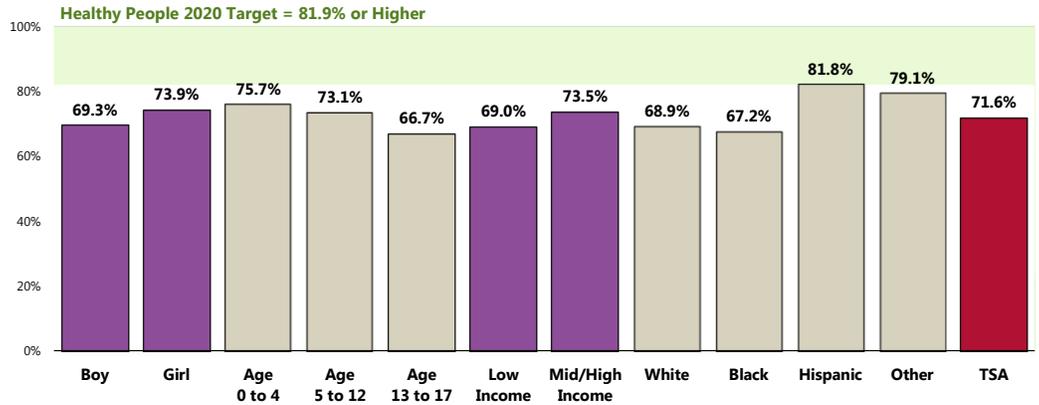
Healthy People 2020 Target = 81.9% or Higher



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 127]
 • 2012 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-2.1]
 Notes: • Asked of all respondents.

👥 Breastfeeding is less common in the Total Service Area among Whites and African Americans, and is more prevalent among new mothers than among those whose children were infants 5 to 17 years ago.

Child Was Ever Breastfed/Fed Breast Milk as an Infant (Total Service Area, 2013)



- Sources:
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 127]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-2.1]
- 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Physical Activity

"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?"

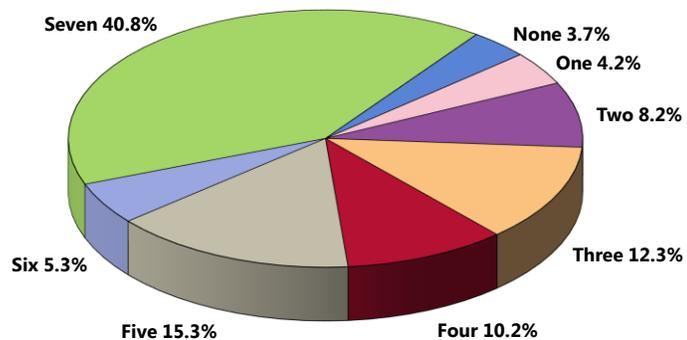
Recommended Physical Activity

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

— Centers for Disease Control & Prevention (CDC)

Among children age 2-17 in the Total Service Area, 40.8% are reported to have had one hour of physical activity on each of the seven days preceding the interview.

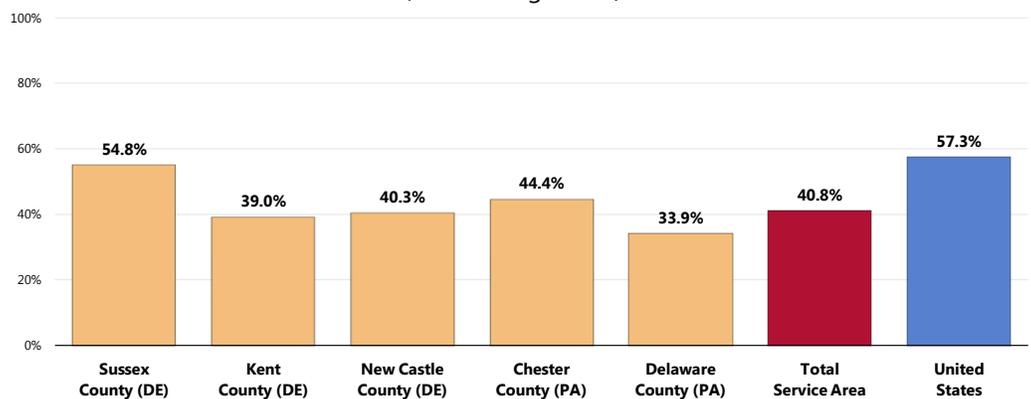
Number of Days in the Past Week on Which Child Was Active for One Hour or Longer
(Total Service Area Children Age 2-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 119]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- Much lower than the national figure.
- Highest in Sussex County; lowest in Delaware County.

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

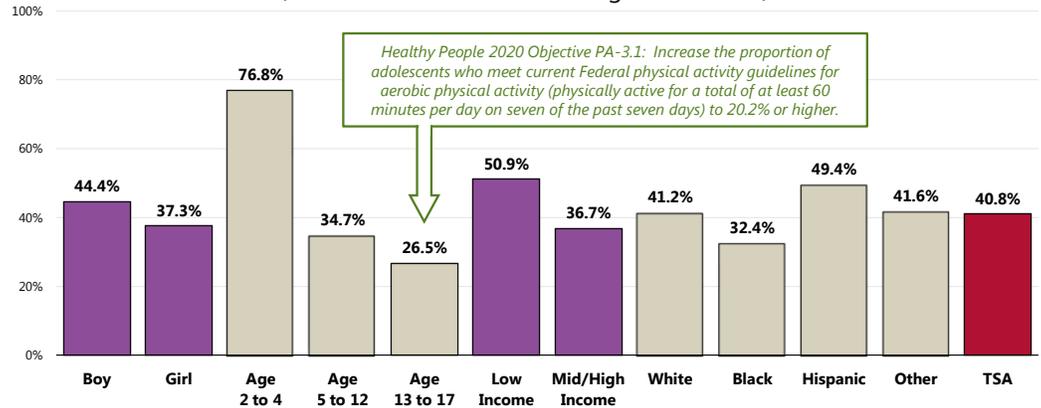


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 119]
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- Lower levels of physical activity in the Total Service Area are found among girls, children 5 and older, children in middle/high-income households, and African American children.
- Note that the Total Service Area proportion among adolescents age 13-17 currently satisfies the related Healthy People 2020 objective.

Child Was Physically Active for One Hour or Longer on Every Day of the Past Week

(Total Service Area Children Age 2-17, 2013)



Healthy People 2020 Objective PA-3.1: Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity (physically active for a total of at least 60 minutes per day on seven of the past seven days) to 20.2% or higher.

Sources:

- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 119]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-3.1]

 Notes:

- Asked of 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. "Low Income" includes households with incomes up to 200% 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).

A total of 40.5% of area children age 2-17 participated in "moderate activity" (for at least 30 minutes at a time) on five or more of the preceding seven days.

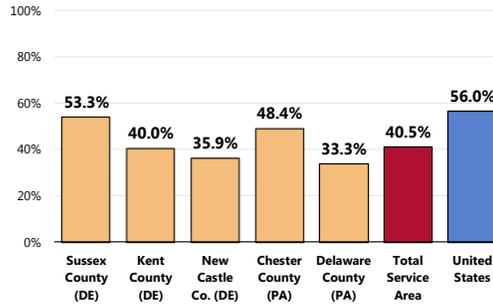
- Lower than the national figure.
- Statistically high in Sussex and Chester counties; lowest in Delaware County.

A total of 64.6% of area children age 2-17 participated in "vigorous activity" (for at least 20 minutes at a time) on three or more of the preceding seven days.

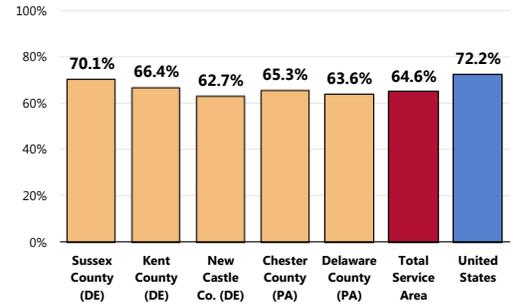
- Less favorable than national findings.
- Comparable findings by county.

Children's Physical Activity (Children Age 2-17)

Moderate-Intensity Physical Activity on Five or More Days in the Past Week for at Least 30 Minutes at a Time



Vigorous-Intensity Physical Activity on Three or More Days in the Past Week for at Least 20 Minutes at a Time

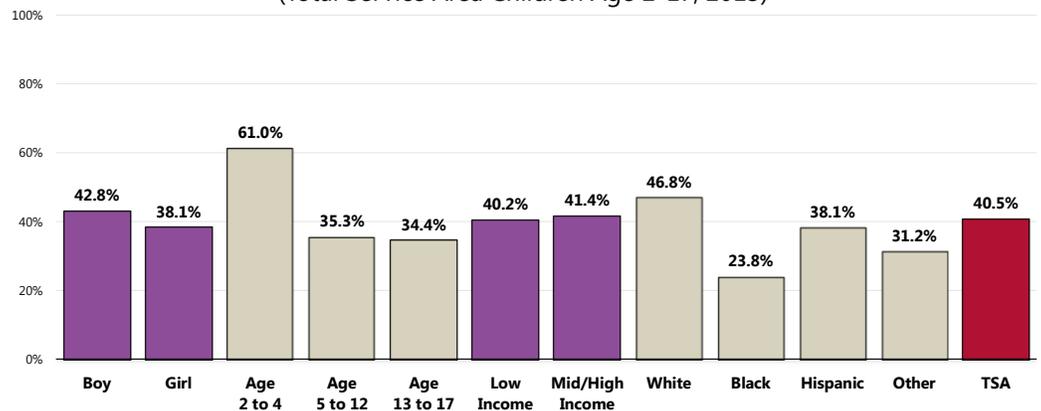


- Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 166-167]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 • Moderate-intensity physical activity includes exercise which does not make the child breathe hard, such as fast walking, slow bicycling, skating or pushing a lawnmower.
 • Vigorous-intensity physical activity includes exercise which causes the child to breathe hard such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.

Those less likely to participate in **moderate** physical activity include:

- Children aged 5 and older.
- African American children and those of "Other" races.

Child Engaged in Moderate Physical Activity on Five or More Days in the Past Week for at Least 30 Minutes at a Time (Total Service Area Children Age 2-17, 2013)

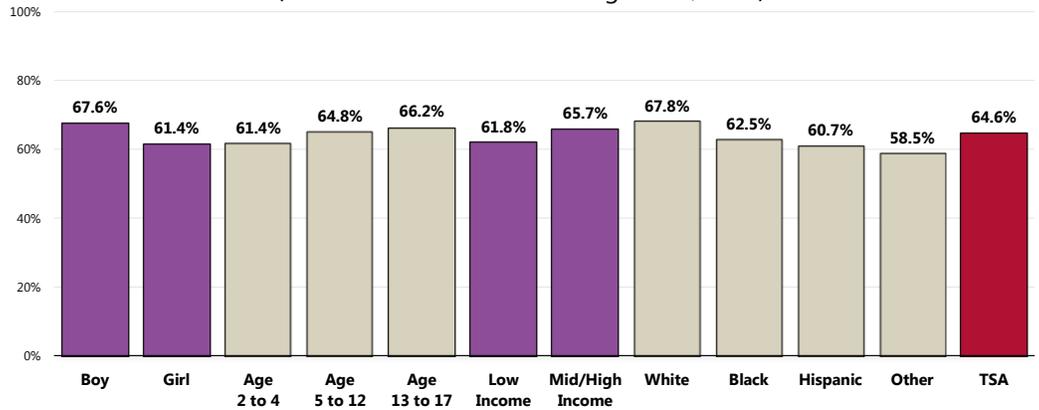


- Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 166]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 • Moderate-intensity physical activity includes exercise which does not make 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

👧 Girls are less likely than boys to participate in regular, sustained **vigorous** physical activity.

Child Engaged in Vigorous Physical Activity on Three or More Days in the Past Week for at Least 20 Minutes at a Time

(Total Service Area Children Age 2-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 167]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 • Vigorous-intensity physical activity includes 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. "Low Income" includes households with incomes up to 200% 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, 17.7% are reported to watch three or more hours of television per day.

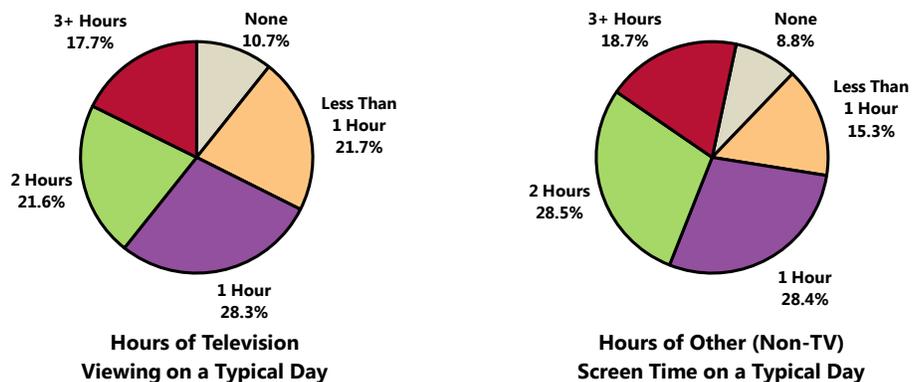
- Similar to the US prevalence (not shown).

A total of 18.7% are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

- More favorable than the US prevalence (not shown).

Television and Other Screen Time

(Total Service Area Children Age 5-17, 2013)



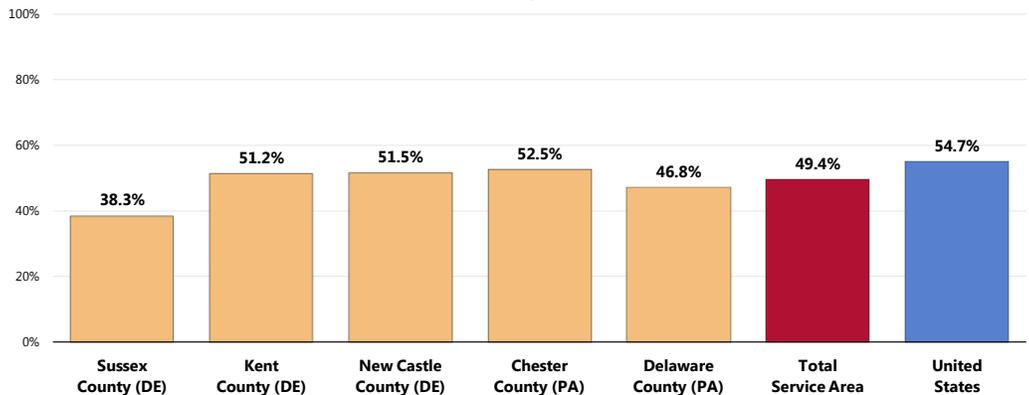
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 115, 117, 143-144]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 5-17.

Total Screen Time

Overall, 49.4% of children aged 5 to 17 spend three or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- Similar to national findings.
- Favorably low in Sussex County.

Child Has Three or More Hours of Total Screen Time (TV, Computer, Video Games, Etc.) on a Typical Day (Children Age 5-17)

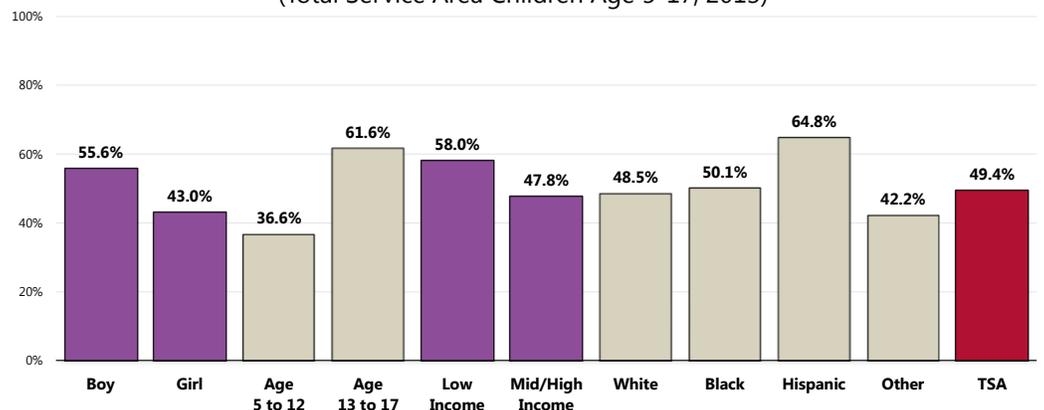


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 145]
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5-17.
• Include time spent watching TV, watching videos, playing video games on the TV, playing computer video games, visiting social media sites, and surfing the internet for entertainment.

👤 By demographic characteristics, a higher prevalence is reported by parents of Total Service Area boys, teens, low-income children, and Hispanic children.

Child Has Three or More Hours of Total Screen Time (TV, Computer, Video Games, Etc.) on a Typical Day (Total Service Area Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 145]

Notes: • Asked of all respondents with children age 5-17.
• Include time spent watching TV, watching videos, playing video games on the TV, playing computer video games, visiting social media sites, and surfing the internet for entertainment.
• 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Media in Children's Bedrooms

A total of 41.4% of Total Service Area school-age children (age 5-17) currently have a television in their bedroom.

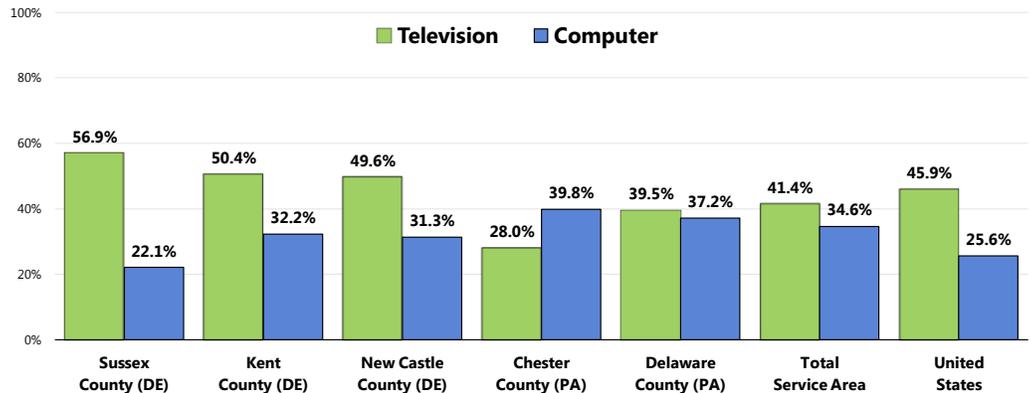
- Similar to national findings.
- Unfavorably high in Sussex, Kent, and New Castle counties.

A total of 34.6% have a computer in their bedroom, including any laptops or tablets that the child may use there.

- Higher than the national figure.
- Favorably low in Sussex County.

Child Has a Television or Computer in His/Her Bedroom

(Total Service Area Children Age 5-17, 2013)



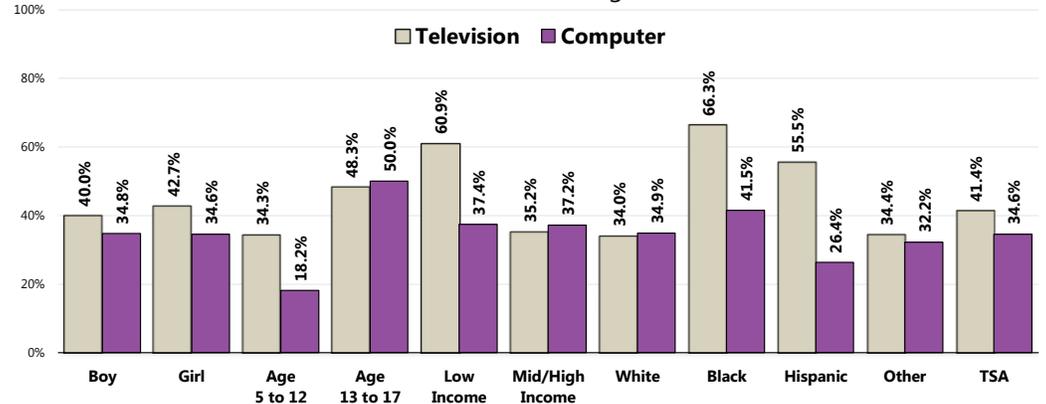
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 116, 118]
 Notes: • Asked of all respondents with children age 5-17.
 • Includes televisions, computers, as well as any laptops or tablets that the child may use in his/her bedroom.

👤 Note that teens, low-income children, African American children and Hispanic children are much more likely to have a television in their bedroom.

👤 Teens and African American children are more likely to have a computer in their bedroom.

Child Has a Television or Computer in His/Her Bedroom

(Total Service Area Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 116, 118]
 Notes: • Asked of all respondents with children age 5-17.
 • Includes televisions, computers, as well as any laptops or tablets that the child may use in his/her bedroom.
 • 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Related Focus Group Findings: Physical Activity

Many focus group participants discussed the lack of physical activity in the community, with specific concerns about the following:

- Inactivity
 - *High screen time*
- Accessibility to opportunity
 - *Cost and transportation barriers to organized athletics*
- Fear of violence and safety concerns

Focus group members have concern about the **inactivity** of today's children and adolescents. Physical activity is no longer a normal part of a child's lifestyle and a sedentary lifestyle can lead to many negative health conditions. Focus group members believe that **high screen time levels** negatively impact the amount of physical activity occurring, as children watch more television and play more video games than ever before. In addition, respondents note the high level of violence in video games and the mental health repercussions that can cause.

Boys and Girls Clubs represent one option for children and adolescents that is well received by the community. Some parks and playgrounds can only be accessed with a vehicle; the Delaware Park System has many programs, but they struggle to reach the most vulnerable populations. Overall, participants feel that there are **many opportunities for physical activity, but they are not necessarily accessible to every child**. Organized athletics represent a common forum for physical activity; however, some participants view the **cost and transportation** needed as roadblocks for many families. Several attendees describe how socioeconomic status determines participation:

"Finance is another issue. I pushed swimming lessons on the five, six, and seven year olds every single day. Swim, swim, and swim. And we have a Boys and Girls club here in Seaford that does provide swim lessons. We have swim lessons in Georgetown. But with rare exception, those are all – they have to be paid for. And almost every parent comes back to me that hasn't had swim lessons and said; 'It's a bad year for us. I can't fit it into the budget.'" - Sussex County Participant

"I think there's a lot of opportunity. I'm not sure that it is available to all children. So if you're home in the summer and your parent is working, can you get to the park or to the Boys and Girls Club? Nobody offers them transportation, and if there's a fee involved, well, I don't know that they have sliding scales for that. I don't know, but our schools aren't required to provide transportation for athletic programs after school, so if this is a child that needs to take the bus home or there's nobody to pick them up or they can't get a ride, then that opportunity isn't available to them." - Kent County Participant

Attendees believe that **fear of violence and safety concerns** may dissuade some families from participating in outdoor physical activity.

"But that unstructured outdoor play is something that's greatly missing and all the cognitive development and the skills that kids get in that and a lot of them don't have access to do it. When we were younger, you would go out into the woods and you'd build a fort and you'd chase each other. A lot of parents today feel safer with their kids playing the video games and they do

know where all the sexual predators live in the neighborhood and that's fear driving it." - Kent County Participant

Limited bike paths, or sidewalks, also increase local parents' concerns:

"One of my patients lives a mile and a half from the high school, he would like to walk or bike to the high school, but he cannot for two reasons, there's not sidewalk for him to be safe like biking or walking, and afraid of any assault or anything going to happen from people that he does not know." - Kent County Participant

Body Weight

Childhood Overweight & Obesity

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

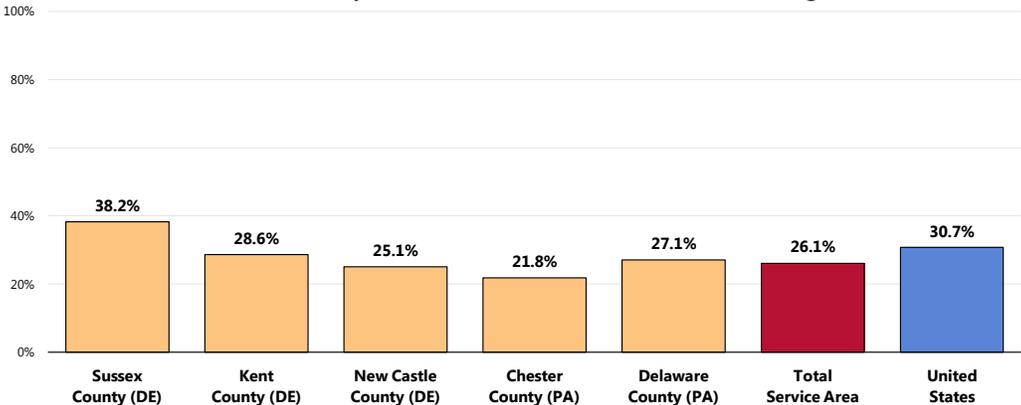
– Centers for Disease Control and Prevention

To determine children's weight status, respondents were asked the height and weight of the randomly selected child in the household. From these, PRC calculated a body mass index (BMI) value that could be compared to BMI-for-age growth charts.

Based on the heights/weights reported by surveyed parents, 26.1% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Similar to national findings.
- Particularly high in Sussex County.

Child Is Overweight or Obese
(Percent of Children Age 5-17 Who Are Overweight or Obese, With a Body Mass Index in the 85th Percentile or Higher)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 147]
 • 2012 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.
 • Overweight among children is determined by child's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

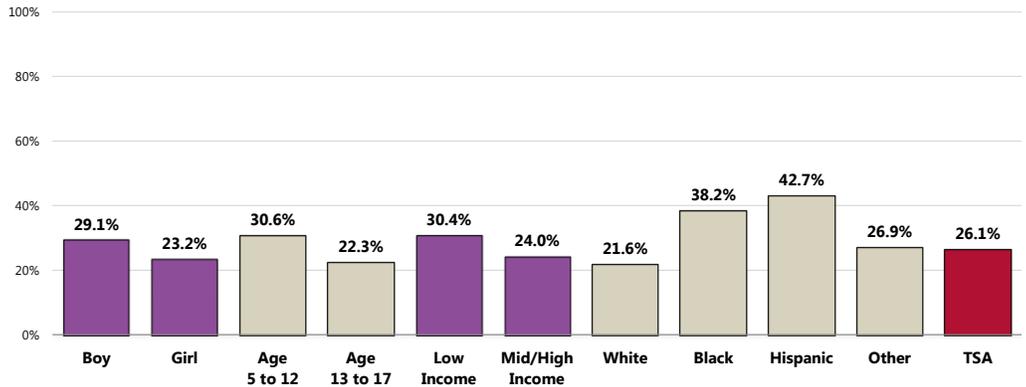
Note that weight status could not be determined for 10.1% of children age 5-17 because respondents were unable to provide their child's height and/or weight; these children are therefore not represented in these charts and data.

Overweight is notably higher among:

-  Boys.
-  Children age 5 to 12.
-  African American children and Hispanic children.

Child Is Overweight or Obese

(Percent of Children Age 5-17 Who Are Overweight or Obese, With a Body Mass Index in the 85th Percentile or Higher)



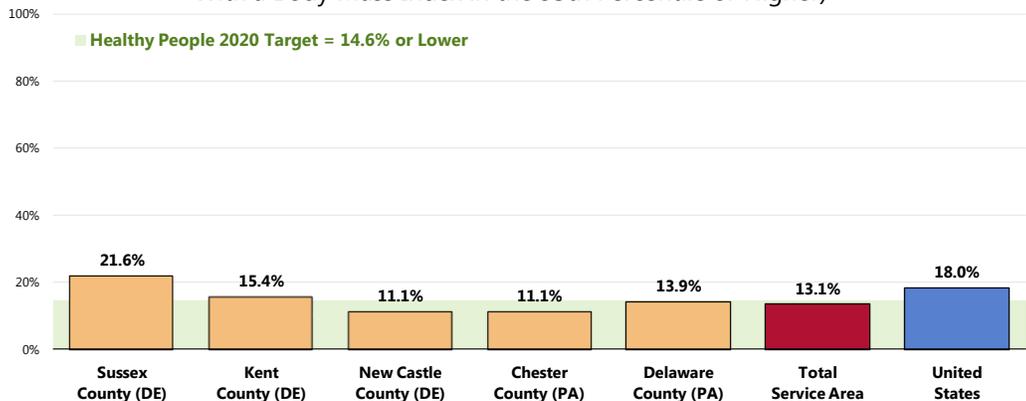
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 147]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • *Represents a small sample size (<50); interpret with caution.
 • Overweight among children is determined by child's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

A total of 13.1% of Total Service Area children age 5 to 17 are obese (≥95th percentile, also included in the overweight/obese findings reported previously).

- More favorable than national findings.
- Comparable to the Healthy People target (14.6% or lower).
- Unfavorably high in Sussex County.

Child Is Obese

(Percent of Children Age 5-17 Who Are Obese, With a Body Mass Index in the 95th Percentile or Higher)

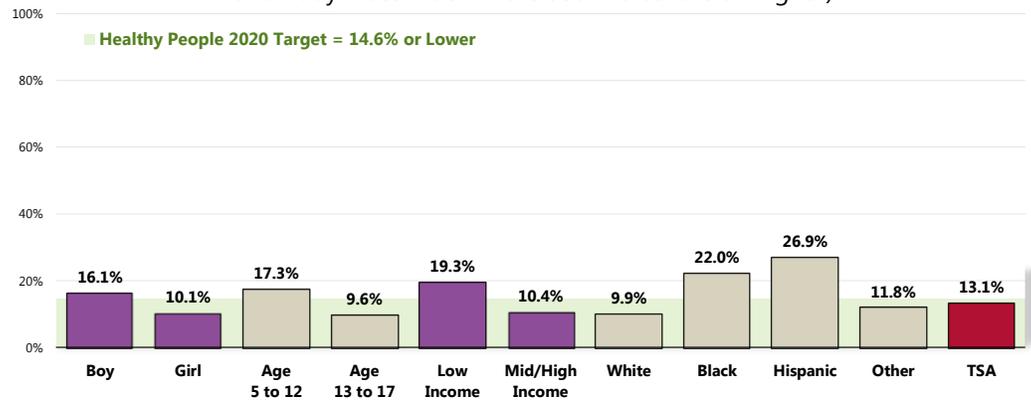


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 147]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Obesity among children is determined by child's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

👤 Obesity is notably high in boys, young children (age 5-12), those living in low-income households, African American children, and Hispanic children.

Child Is Obese

(Percent of Children Age 5-17 Who Are Obese, With a Body Mass Index in the 95th Percentile or Higher)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 147]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • *Represents a small sample size (<50); interpret with caution.
 • Obesity among children is determined by child's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Perceptions of Overweight

"In the past 12 months, has a health professional or someone at your child's school told you that this child was overweight?"

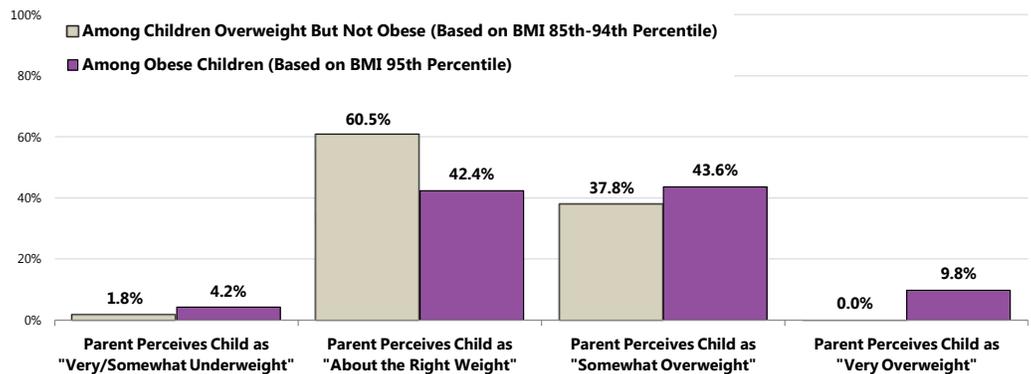
Parents of overweight/obese children are often inclined to see their child as being at "about the right weight."

👤 This includes 60.5% of parents with overweight (not obese) children and 42.4% of parents with obese children.

👤 Only 9.8% perceive their obese child to be "very overweight."

Children's Actual vs. Perceived Weight Status

(Among Children 5-17 Who Are Overweight/Obese Based on BMI; Total Service Area, 2013)



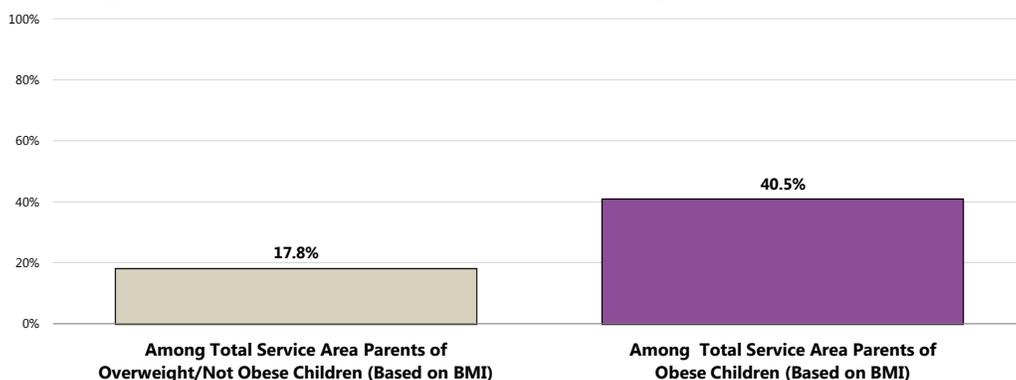
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 125]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Overweight in children is defined as a Body Mass Index (BMI) value at or above 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.

"In the past 12 months, has a health professional or someone at your child's school told you that this child was overweight?"

- 👤 Note in following chart that 17.8% of parents with an overweight/not obese school-age child has had a health professional or someone at their child's school tell them that their child is overweight.
- 👤 Among parents with obese children, this percentage is 40.5%.

Parent Has Been Told in the Past Year by a School or Health Professional That Their Child Is Overweight

(Among Total Service Area Children 5-17 Who Are Overweight/Obese Based on BMI, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 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.

Related Focus Group Findings: Nutrition and Obesity

Many focus group participants discussed nutrition and obesity, centering on these themes:

- Childhood obesity
- Poor food choices and eating habits
 - Food deserts
 - Cost
 - Prevalence of fast food establishments
- Nutrition and cooking education
- Hunger

Childhood obesity is a major concern for the community. Focus group participants worry that children are not receiving appropriate nutrition and the rise in the number of overweight and obese children alarms them. Attendees agree that school lunches have improved, but hope they will continue to get better. A respondent gives an example from her own child's experience:

"On the flipside, my daughter that is in middle school asked for skim milk and was told they don't sell enough of it, so they don't carry it. But they had the machine with all the different Hi-C's or you can get chocolate milk." - Kent County Participant

Although the YMCAs now offer only healthy snack choices and a state Fresh Fruits and Vegetables program operates in elementary schools. The program introduces fresh produce to kids, but still children go home to unhealthy alternatives.

Poor eating habits stem from a variety of sources in the community. Participants describe many portions of the community as “**food deserts**.” In some neighborhoods, grocery stores are scarce, but convenience marts are abundant. These convenience marts may not sell produce, or fresh food items, but represent the easy (and sometimes only) choice for residents. In general, non-perishable, processed foods **cost** less; therefore, families can afford these options. One participant explains:

“We all know that to pick up an apple or to pick up a red pepper, case in point, whatever, the other day, \$2.00 per one red pepper. Now, for a family is in need, are they going to pick up that red pepper, or are they going to pick up a bag of something or a box of Kraft macaroni and cheese? Guess what? We know what they’re going to pick up. And that becomes a matter of survival. So in the school district, through breakfast and lunch, all of those items, those fresh fruits and things, are available. But at home, if that family is in need, it’s very difficult to eat healthy. And I’m not talking about organic or grass-fed beef; I’m talking about basic fruits and vegetables. They are expensive.” - Sussex County Participant

Children learn and model behavior from their parents and media; therefore, children see a large amount of overeating and selection of unhealthy food. **Fast food** establishments are also common as the quick and easy option.

Some attendees believe that lower income residents have the ability to purchase more nutritious options (EBT cards accepted at Farmer’s Markets), but these **parents lack cooking skills**. Families do not know how to cook “real” food and do not have the proper cooking instruments.

“We’ve become such a fast food society. So, one of the programs that we ran for about three years in the community, not only took them, like Rosa’s talking about, into the shopping – grocery stores and teaching them how to shop and read labels, but we’d give them the measuring cups and spoons and the bowls, because they didn’t have it. Everything is heat it up in the microwave. That’s just what we’ve become.” - New Castle County Participant

Respondents also have concern about the level of hunger across Delaware and Delaware Valley. Participants feel that in many areas children may eat only one meal a day during the school week and weekend meals remain questionable. Schools currently offer free and reduced-lunch programs to eliminate this need. In addition, a backpack program is available to provide food for the weekends. An attendee describes the system:

“We have a pretty good free and reduced lunch system, during the school year. And we have a rapidly improving summer system for, in the Y’s case, kids who qualify for free and reduced lunch during the school year are getting that during day camp time, and the regulations allow you to – if you’ve got a high enough percent of the population in that particular day camp, everybody gets it. I can’t imagine that’s the way it works during the school year, but it makes it administratively so much easier. There’s not a stigma. It’s just part of going to this day camp. There’s breakfast and lunch served. And the vast majority of the population – even those that wouldn’t otherwise qualify – takes advantage of it because it’s just one less thing parents have to worry about.” - New Castle County Participant

Injury & Safety

See also Leading Causes of Child Deaths in the Child & Adolescent Mortality section of this report.

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)

"During the past year, has this child been injured seriously enough to need treatment from a doctor or a nurse?"

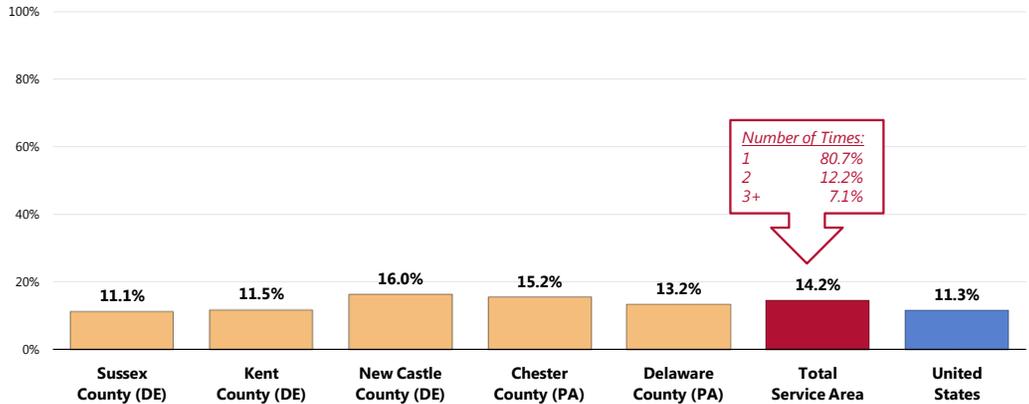
Receipt of Injuries

A total of 14.2% of Total Service Area parents report that their child was injured seriously enough to need medical treatment at some point in the past year.

- Similar to national findings.
- Similar findings by county.

👥 Of these children, 19.3% sustained at least two injuries which were serious enough to require medical treatment in the past year.

Child Was Injured Seriously Enough to Need Medical Treatment in the Past Two Years



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 75-76]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

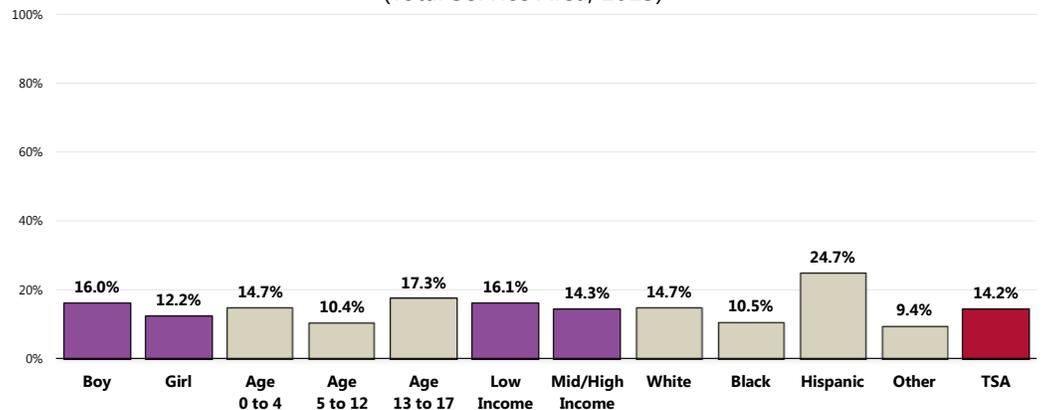
Notes: • Asked of all respondents.

The prevalence of serious injury among Total Service Area children is highest among:

- 👥 Teens.
- 👥 Hispanic children.

Child Was Injured Seriously Enough to Need Medical Treatment in the Past Two Years

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 75]

Notes: • Asked of all respondents.

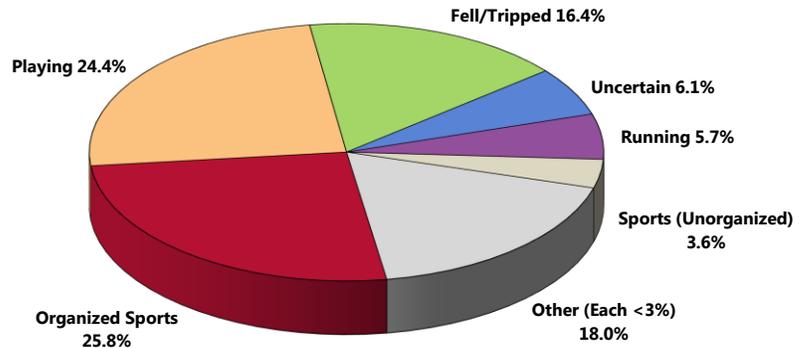
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Of the area children who were seriously injured in the past year, 25.8% were participating in **organized sports** and 24.4% were **playing** when the injury occurred.

- Other activities mentioned less often include falling/tripping, running, and unorganized sports.

Child's Activity When Most Seriously Injured in Past Two Years (Among Total Service Area Children Seriously Injured in the Past Two Years, 2013)

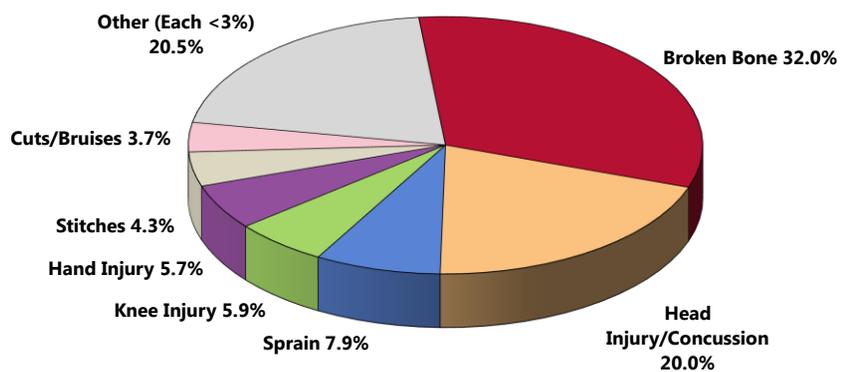


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 77]
Notes: • Asked of respondents for whom the randomly selected child in the household was seriously injured in the past two years.

With regard to the type of injury sustained, the largest share of responses was for **broken bones** (mentioned by 32.0%), followed by **head injuries/concussions** (20.0%).

- Other injuries mentioned less often include sprains, knee injuries, hand injuries, wounds requiring stitches, and cuts/bruises.

Type of Injury Sustained (Among Total Service Area Children Seriously Injured in the Past Two Years, 2013)



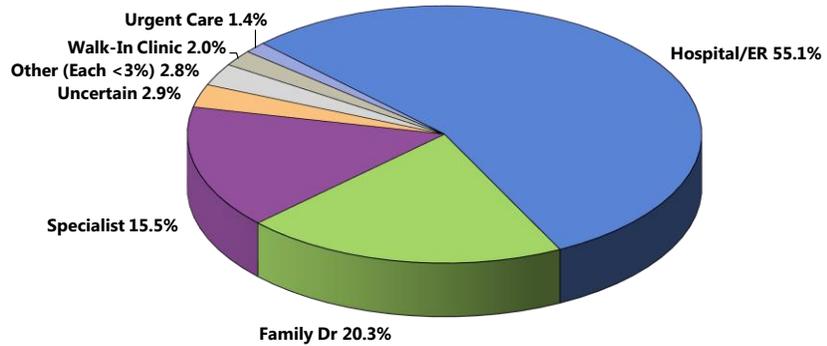
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 78]
Notes: • Asked of respondents for whom the randomly selected child in the household was seriously injured in the past two years.

When asked where they sought help for their injured child, 55.1% of parents mentioned a **hospital or emergency room**.

- Other sites for medical care included **family physicians** (mentioned by 20.3%), **specialists** (15.5%), **walk-in clinics** (2.0%) and **urgent care centers** (1.4%).

Source for Help After the Injury

(Among Total Service Area Children Seriously Injured in the Past Two Years, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 79]
 Notes: • Asked of respondents for whom the randomly selected child in the household was seriously injured in the past two years.

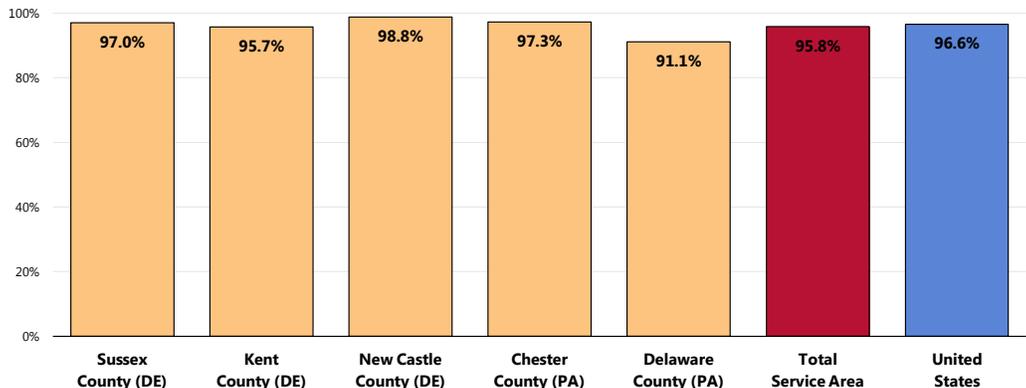
Injury Control

Car Seats & Seat Belts

A total of 95.8% 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 vehicle.

- Comparable to national findings.
- Highest in New Castle County; lowest in Delaware County.

Child “Always” Wears a Seatbelt or Appropriate Restraint When Riding in a Vehicle

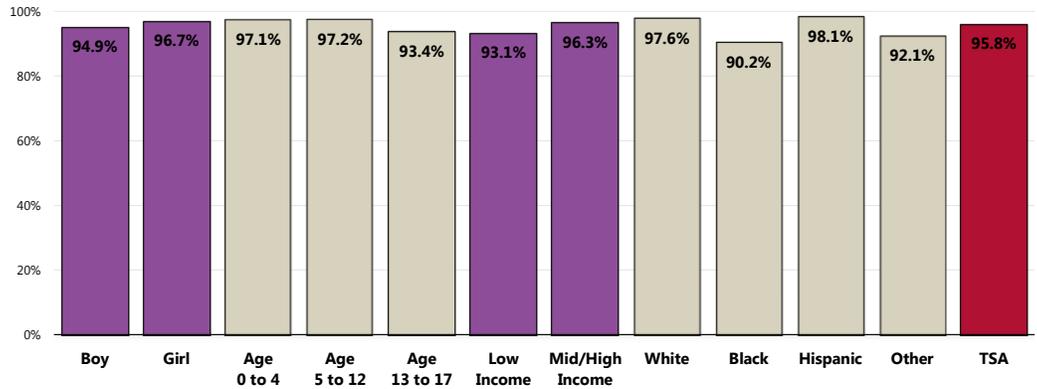


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 80]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

👥 The prevalence is lower among teens, African American children and those of “Other” races.

Child “Always” Wears a Seatbelt or Appropriate Restraint When Riding in a Vehicle

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 80]

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. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Helmet Use

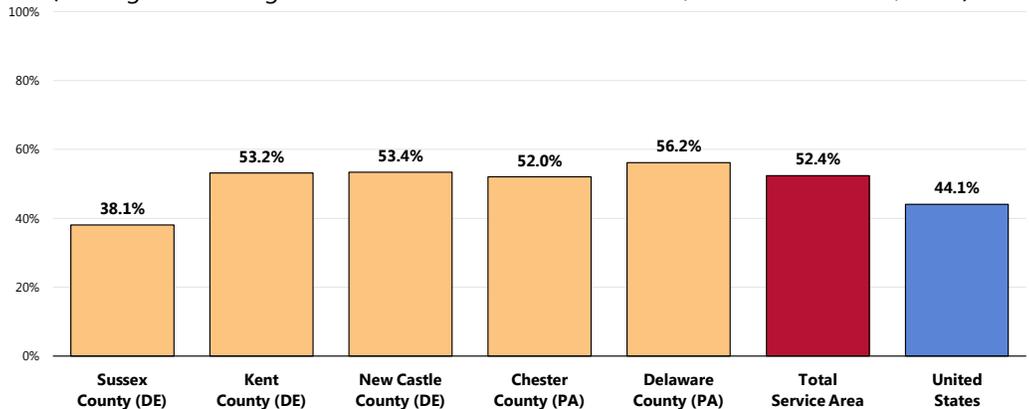
Bicycles

Among Total Service Area school-age children who rode a bicycle in the past year, 52.4% “always” wore a helmet.

- Higher than the US prevalence.
- Unfavorably low in Sussex County.

Child “Always” Wore a Helmet When Riding a Bicycle in the Past Year

(Among Children Age 5-17 Who Rode a Bike in Past Year; Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 81]

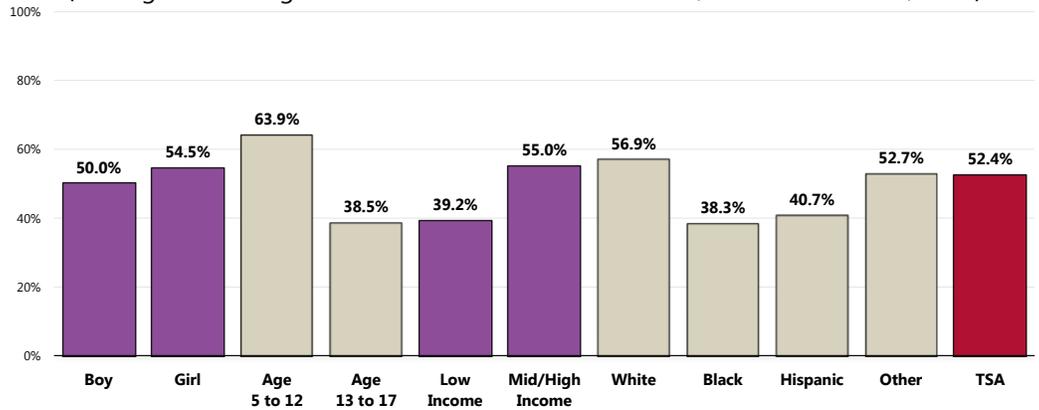
Notes: • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

• Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17 and who rode a bicycle in the past year; excludes the 40.7% of children who did not ride a bicycle in the past year.

 Bike helmet usage is notably low among teens, children in low-income households, African American children, and Hispanic children.

Child “Always” Wore a Helmet When Riding a Bicycle in the Past Year

(Among Children Age 5-17 Who Rode a Bike in Past Year; Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 81]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17 and who rode a bicycle 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. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

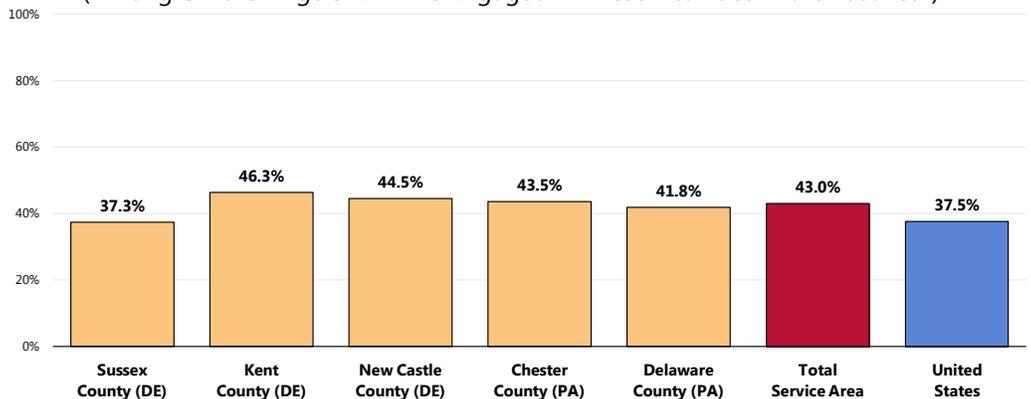
Skateboards, Scooters, Skates & Rollerblades

Among Total Service Area school-age children who rode a skateboard, scooter, skates or rollerblades in the past year, 43.0% “always” wore a helmet.

- Similar to national findings.
- Statistically similar by county.

Child “Always” Wore a Helmet on Skateboards, Scooters, Skates or Rollerblades in the Past Year

(Among Children Age 5-17 Who Engaged in These Activities in the Past Year)

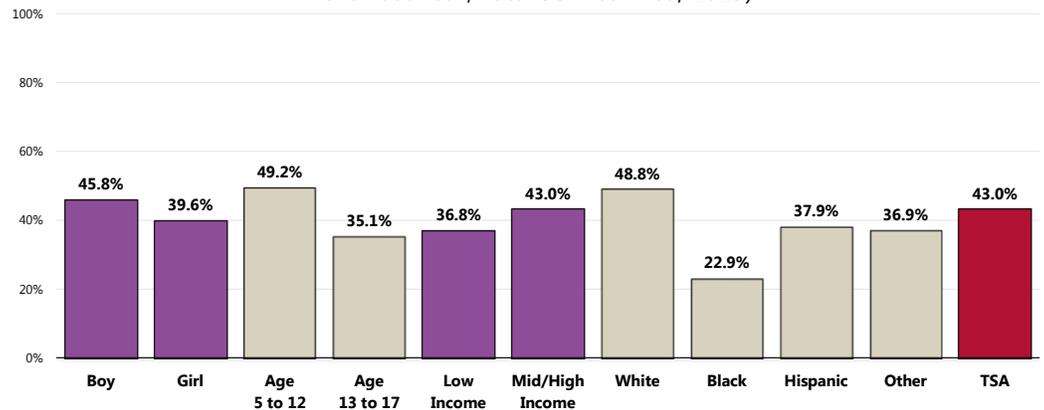


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 82]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17 and who rode a skateboard, scooter, skates or rollerblades in the past year; excludes the 52.6% of children who did not ride a skateboard, scooter, skates or rollerblades in the past year.

Unfavorably low among girls, teens, and Non-White children.

Child "Always" Wore a Helmet on Skateboards, Scooters, Skates or Rollerblades in the Past Year

(Among Children Age 5-17 Who Engaged in These Activities in the Past Year; Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 82]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Violence

Related Focus Group Findings

Many focus group participants are concerned with injury and violence in the community. The main issues included:

- Bullying
- Impact of trauma

There is great concern about violence in the community, ranging from the impact of school bullying all the way to homicide. In general, participants agree that many towns in Delaware lack a sense of community and that youth do not have good role models, or a connection to their community, which may be a contributing factor to the level of crime and violence. Attendees feel that parents worry about their neighborhood safety, which can inhibit a child's ability to play outside, or participate in other outdoor physical activity.

Focus group participants believe that violence through **bullying** occurs at school and at home through social media. Social media allows children to hurt one another anonymously and more bullying prevention programs need to be instituted.

Focus group respondents spoke at length about the **impact of trauma** on children. The mental health repercussions of trauma are countless and can wreak havoc on families. In addition, many youth do not have anyone to speak to about these events. As an attendee describes:

"In our area, there is a lot of violence. Children have a lot of trauma that they just can't reach somebody to talk to, especially in a small community where someone in your family has either been shot or been subject to violence by somebody in your classroom, whose family member it is. And that's just not sometimes discussed, how these children deal with seeing each other's families that are committing these crimes with each other." - Delaware Valley Participant

Tobacco

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).

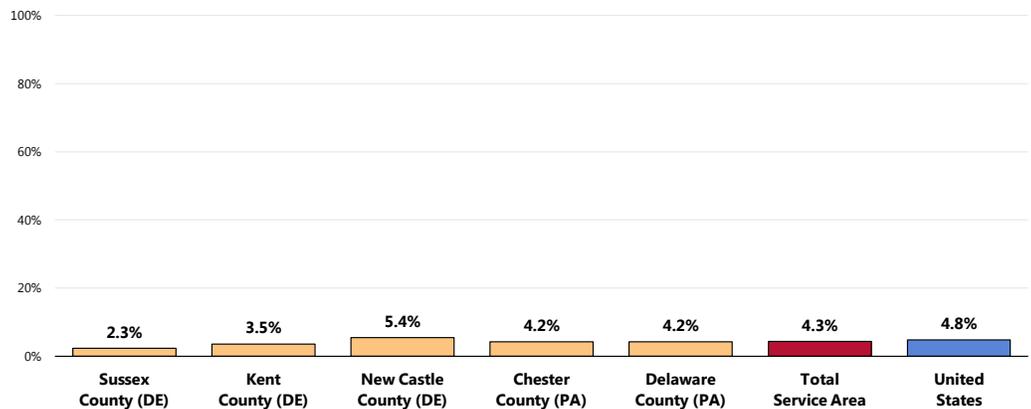
– Healthy People 2020 (www.healthypeople.gov)

Exposure to Environmental Tobacco Smoke

A total of 4.3% of Total Service Area parents report that a member of their household smokes tobacco products inside the home.

- Similar to national findings.
- Statistically similar among the individual counties.

Someone Smokes Tobacco Inside the House



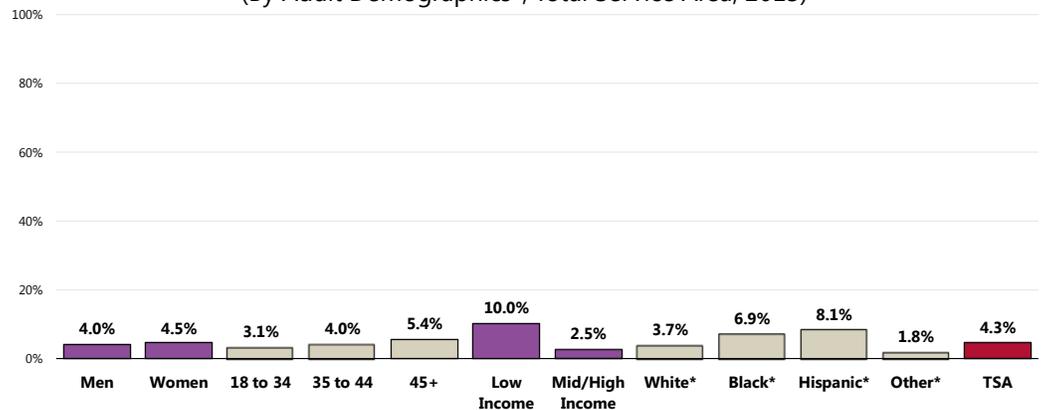
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 113]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Smoking inside the home is notably higher among lower-income households.

Someone Smokes Inside the House

(By Adult Demographics*; Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 113]

Notes: • Asked of all respondents.

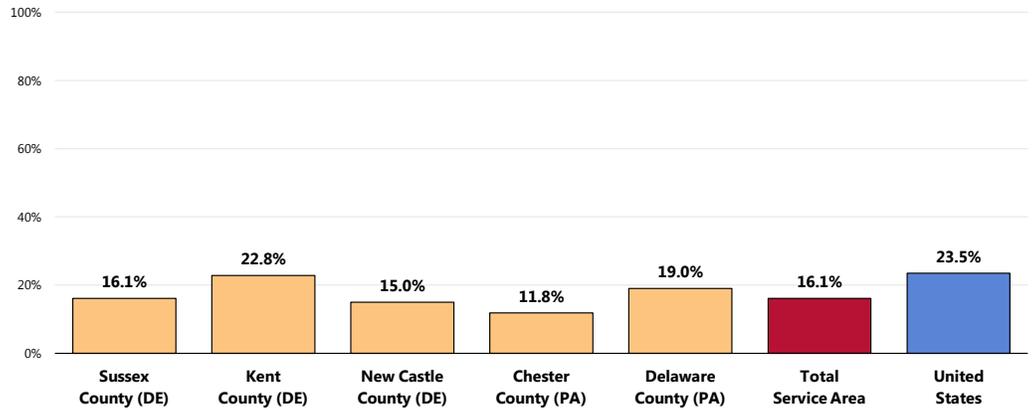
• *Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Further, 16.1% of Total Service Area parents report that a member of their household smokes outside the home.

- Lower than national findings.
- Highest in Kent County; lowest in Chester County.

Someone Smokes Tobacco Outside the House



Sources:

- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 114]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

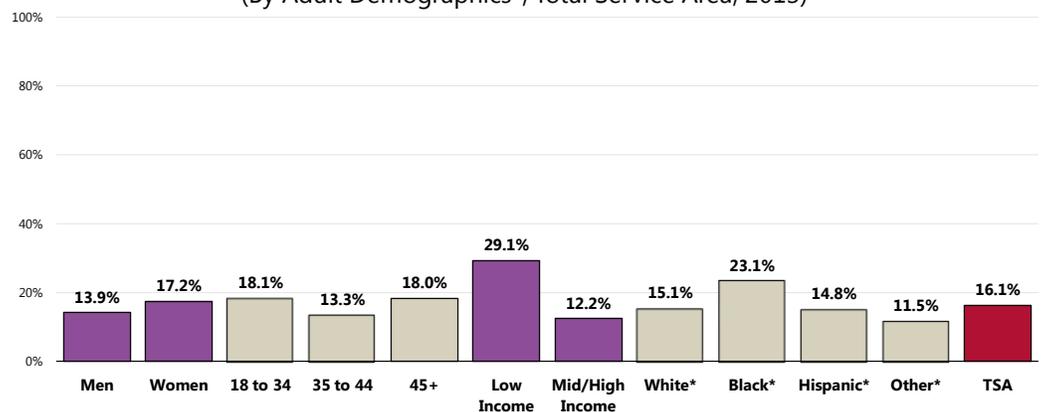
 Notes:

- Asked of all respondents.

Smoking outside the home is notably higher among:

- 👪 Children in lower-income households.
- 👪 African American respondents.

Someone Smokes Outside the House (By Adult Demographics*; Total Service Area, 2013)



Sources:

- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 114]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

 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., "Black" reflects non-Hispanic Black respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% 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 high school students (Delaware only), 18.3% report smoking at least one cigarette on at least one day during the 30 days preceding the administration of the 2011 Youth Risk Behavior Survey.

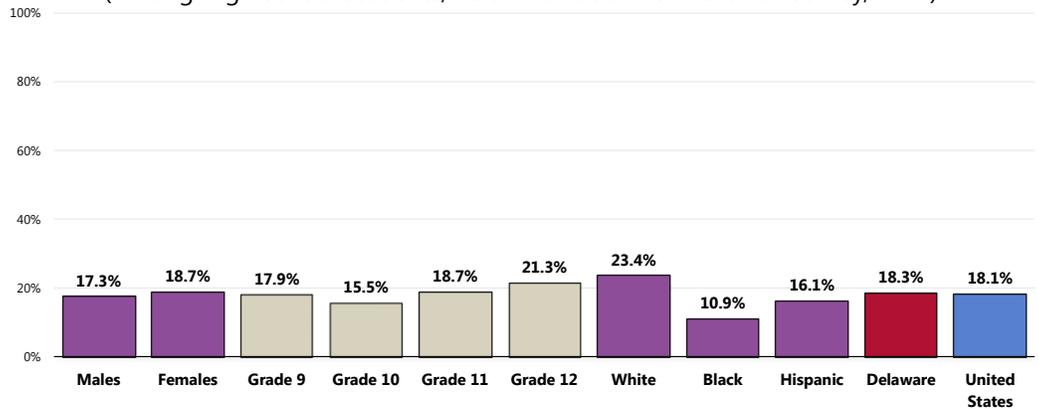
- Similar to national findings.

 Significantly lower among African American 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.

Smoked Cigarettes in Past Month

(Among High School Students; Delaware Youth Risk Behavior Survey, 2011)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed April 2013.

Notes: • Smoked cigarettes on at least 1 day during the 30 days before the survey.

Substance Abuse

Alcohol (Adolescents)

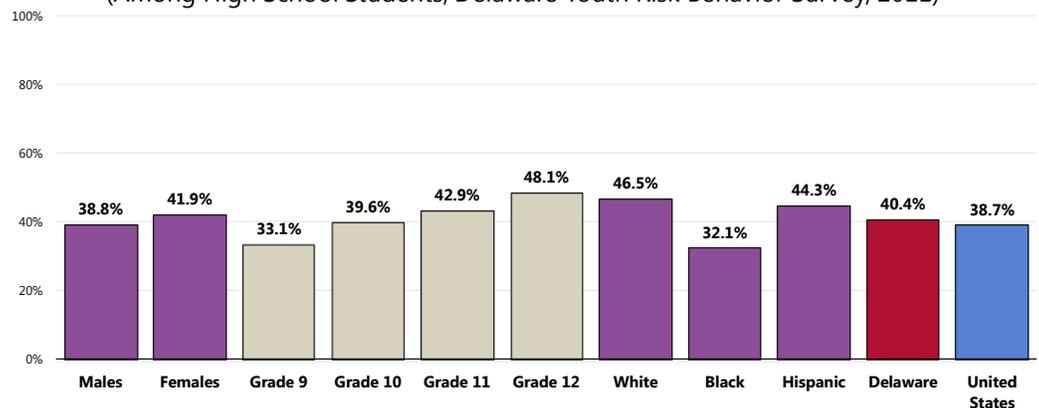
Current Alcohol Use

Among high school students (Delaware only), 40.4% report having at least one drink of alcohol on at least one day during the 30 days preceding the administration of the 2011 Youth Risk Behavior Survey.

- Similar to national findings.
- 👤 Appears to increase with grade level.
- 👤 Favorably low among African American students.

Drank Alcohol in Past Month

(Among High School Students; Delaware Youth Risk Behavior Survey, 2011)



Sources: ● Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed April 2013.
Notes: ● Had at least one drink of alcohol on at least one day during the 30 days before the survey.

Current Drinking & Driving

A total of 8.0% of Delaware high school students report having driven a car or other vehicle when drinking alcohol one or more times during the 30 days preceding the administration of the 2011 Youth Risk Behavior Survey.

- Similar to national findings.
- 👤 The prevalence increases with grade level.
- 👤 Lower among African American students.

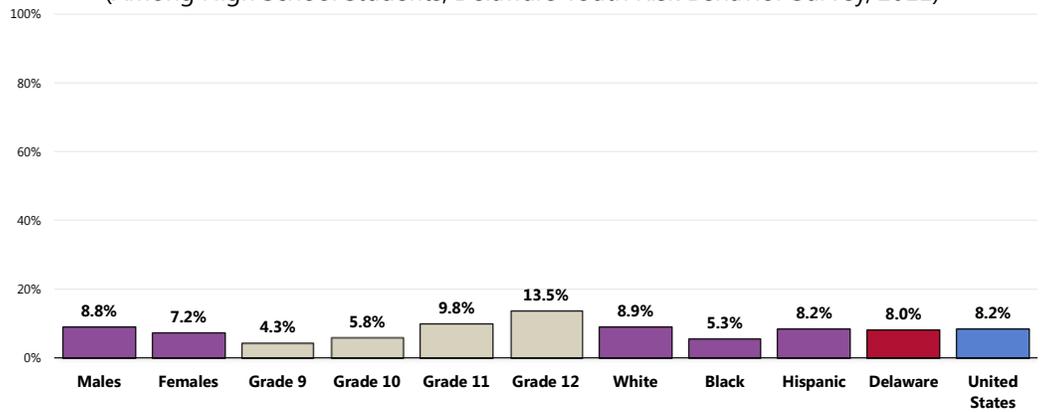
This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

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

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.

Drove When Drinking Alcohol in the Past Month (Among High School Students; Delaware Youth Risk Behavior Survey, 2011)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed April 2013.
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

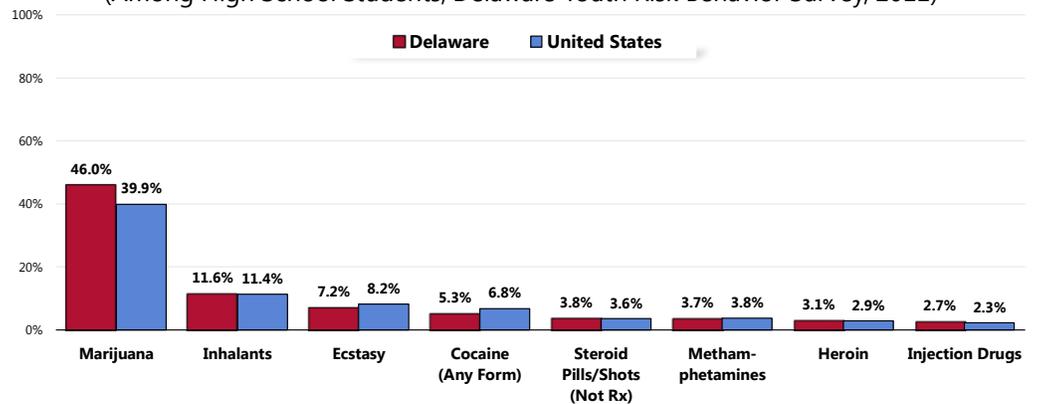
A total of 46.0% of Delaware high school students have ever used marijuana.

Fewer report having ever used inhalants, ecstasy, cocaine, steroids, methamphetamines, heroin, and/or injection drugs.

- Findings are significantly above national findings for lifetime usage of **marijuana**.

Ever Used Specific Drugs

(Among High School Students; Delaware Youth Risk Behavior Survey, 2011)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed April 2013.
Notes: • Prescription drugs include drugs such as Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax.
• Inhalants include sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays to get high.
• Ecstasy also called "MDMA."
• Cocaine includes powder, crack or freebase forms of cocaine.
• Methamphetamine also called "speed," "crystal," "crank," or "ice."
• Heroin also called "smack," "junk," or "China white."

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.

Current Marijuana Use

A total of 27.6% of Delaware high school students report having used marijuana one or more times during the 30 days preceding the administration of the 2011 Youth Risk Behavior Survey.

- Higher than national findings.

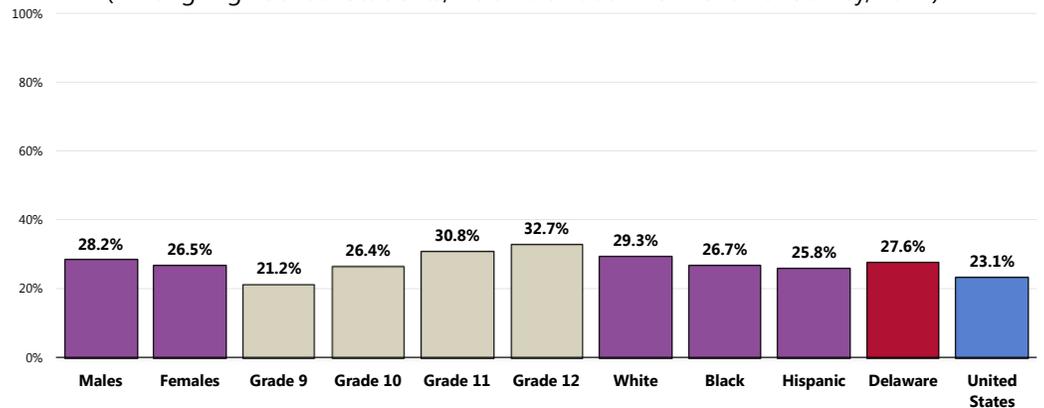
👤 Among Delaware students, the prevalence increases with grade level.

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.

Used Marijuana in Past Month

(Among High School Students; Delaware Youth Risk Behavior Survey, 2011)



Sources: ● Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed April 2013.

Notes: ● Used marijuana one or more times during the 30 days before the survey.

Related Focus Group Findings: Substance Abuse

A number of focus group participants have concern about the **prevalence of substance use** among adolescents in the community. Focus group members feel that substance use is an issue for many adolescents and that first use often happens at an early age.

Adolescents may begin using drugs to self-medicate or deal with any mental health issues. The drugs of most concern for focus group attendees include heroin, alcohol (binge drinking), and prescription drugs. Respondents also worry about teenagers drinking and driving. Current substance abuse prevention education is not effective and an inadequate number of treatment programs exist in the community. The available treatment programs are mainly accessible only through private insurance.

Sexual Activity

Births to Teen Mothers

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.

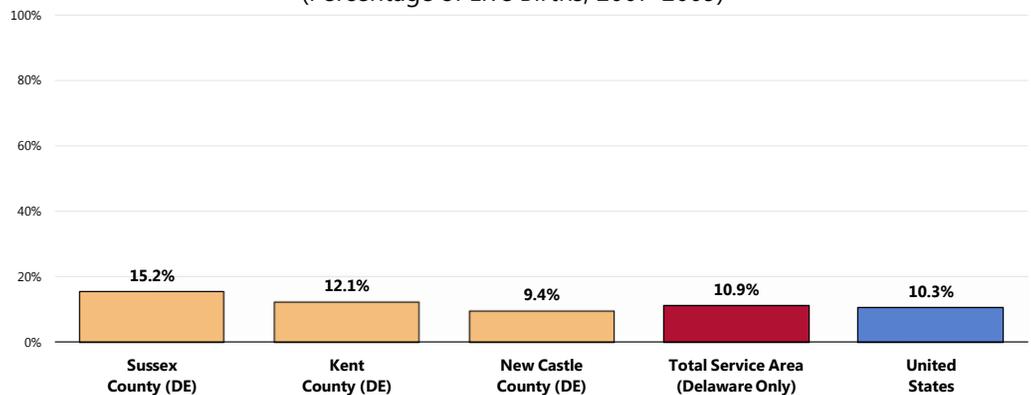
– Healthy People 2020 (www.healthypeople.gov)

A total of 10.9% of 2007-2009 births (Delaware only) were to teenage mothers (under the age of 20).

- Higher than the national proportion.
- Highest in Sussex County, lowest in New Castle.
- Note that comparable Pennsylvania data were not available for this statistic.

Births to Teen Mothers (Under Age 20)

(Percentage of Live Births, 2007-2009)



Sources: ● Delaware Health Statistics Center
● Centers for Disease Control and Prevention, National Vital Statistics System
Note: ● Numbers are a percentage of all live births within each population.

Current Sexual Activity Among Adolescents

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.

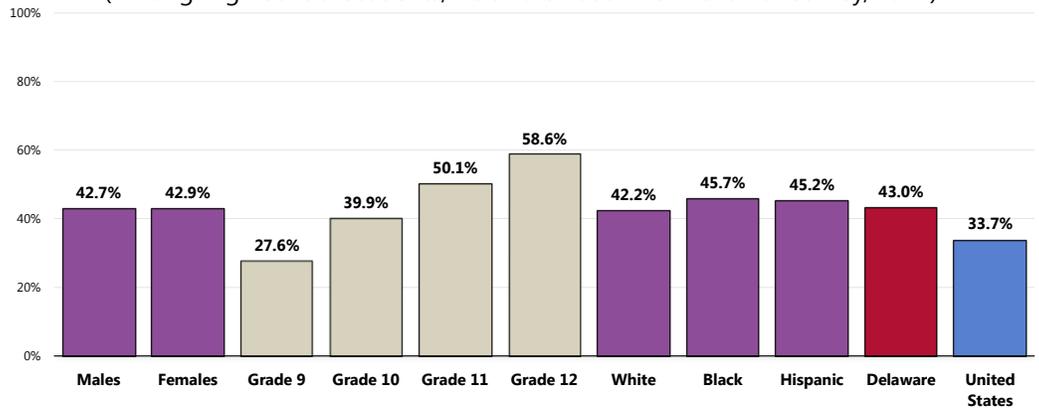
Among high school students (Delaware only), 43.0% report having had sexual intercourse with at least one person during the three months preceding the administration of the 2011 Youth Risk Behavior Survey.

- Well above national findings.

 The prevalence increases sharply with grade level.

Had Sexual Intercourse in Past Three Months

(Among High School Students; Delaware Youth Risk Behavior Survey, 2011)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed April 2013.

Notes: • Have had sexual intercourse with at least one person during the three months before the survey.

Risky Sexual Behaviors

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

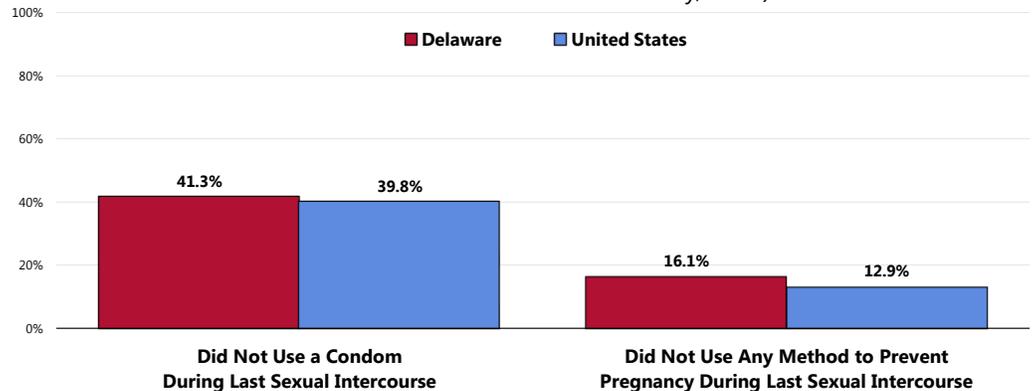
For more information, visit: www.cdc.gov/healthyyouth/yrbs.

Among Delaware high school students who are sexually active, 41.3% report not using a condom during their last sexual intercourse, and 16.1% report not using any method to prevent pregnancy.

- Note that Delaware condom use is statistically less favorable than national findings.

Risky Sexual Behavior

(Among Sexually Active High School Students; Delaware Youth Risk Behavior Survey, 2011)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed April 2013.

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.

Related Focus Group Findings: Sexual Health

Focus group participants discussed the following related topics:

- Sexually transmitted infections (STIs)
- Teen pregnancy
- Access to sexual education

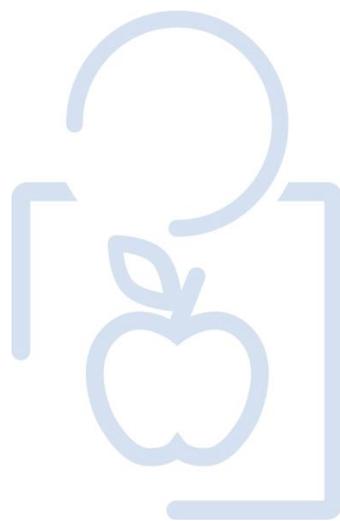
Focus group participants worry about the sexual health of young people in the area as younger people experiment with sexual activity and number of sexual partners increases. Respondents have concern about the high number of **sexually transmitted infections (STIs)** in the community, especially chlamydia among lower-income populations. More family planning centers are wanted, so young people can easily access testing and treatment. In addition, attendees worry about the increasing number of **teenage pregnancies** that occur in all the counties.

Participants view access to sexual education classes as an opportunity to inform teenagers to make smart decisions about their sexual health; however, recent funding cuts at the public health level have decreased the outreach services. Current education can improve and should consider different styles to get the message across.

"I think the approach has been a traditional – like the way we teach other subjects. We teach you how to add and then we give you a test on adding. This is a life skill and a life decision and there are a lot of implications. I think the traditional let's read and ask you the questions, so how do you get an STD and what happens if you have one and that's a very different thing from when a child goes out and is then making the decision to engage in sexual activity. We haven't been effective in influencing them to make good choices." - Kent County Participant

Furthermore, the expectations between healthcare providers and parents need to be aligned. Attendees believe that parents want family physicians to speak with their child about sexual health, but physicians do not feel they have easy access to the adolescents.

ACCESS TO HEALTHCARE SERVICES



Health Insurance Coverage

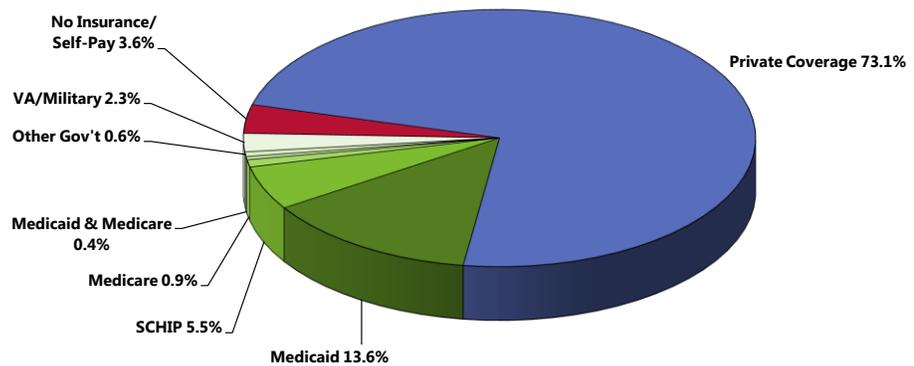
Survey respondents were asked a series of questions to determine their child's healthcare insurance coverage, if any, from either private or government-sponsored sources.

Type of Coverage

A total of 73.1% of Total Service Area parents report having private healthcare coverage for their child.

Another 23.3% report coverage through a government-sponsored program (e.g., state children's health insurance program, Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage for Child
(Total Service Area, 2013)



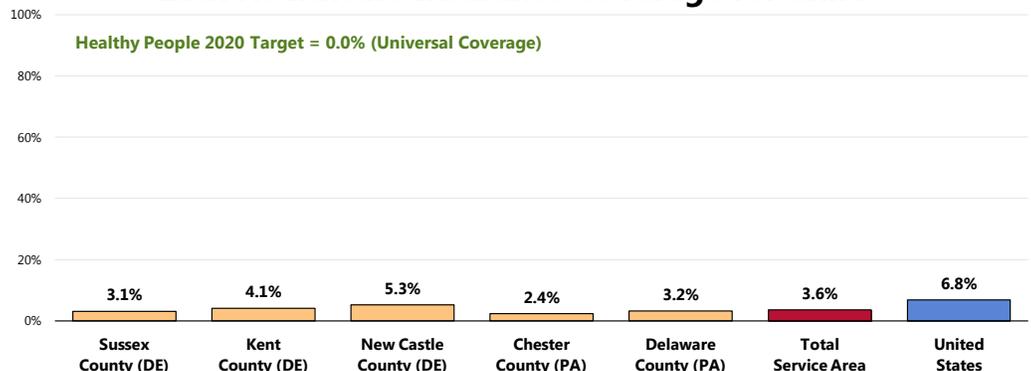
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 148]
Notes: • Asked of all respondents.

Lack of Coverage

However, 3.6% report having no coverage for their child's healthcare expenses.

- Better than the national proportion.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Statistically similar by county.

Lack Healthcare Insurance Coverage for Child

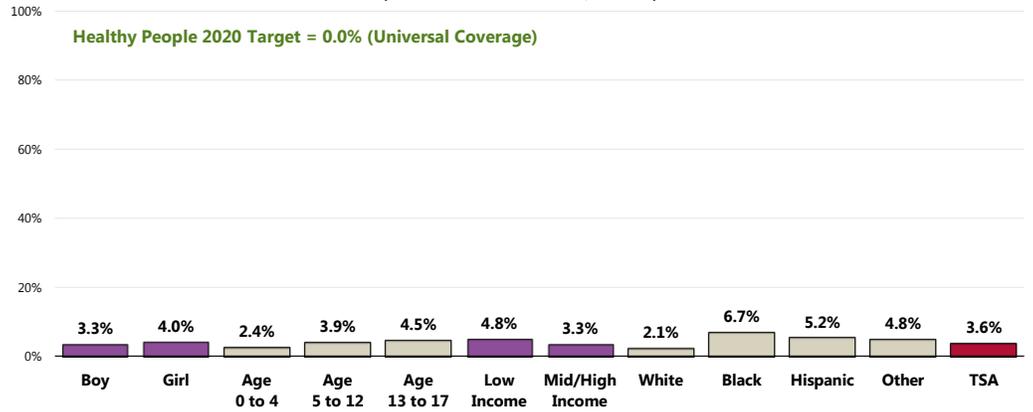


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 148]
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
Notes: • Asked of all respondents.

👤 Lack of coverage is statistically similar by key demographic characteristics.

Lack of Healthcare Insurance Coverage for Child

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 148]
 • 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Insurance Instability

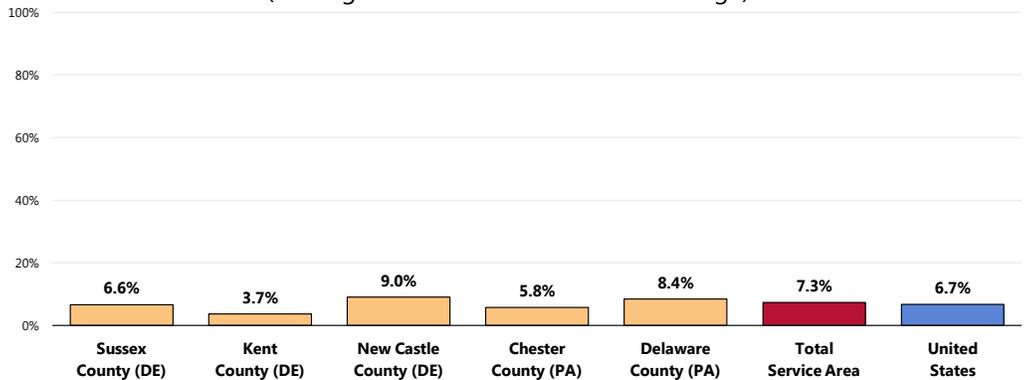
"During the past 12 months, was there any time when (he/she) was not covered by ANY health insurance?"

Among Total Service Area children who are currently insured, 7.3% are reported to have been without coverage at some point in the past year.

- Similar to the national figure.
- Lowest in Kent County.

Child Was Without Healthcare Insurance Coverage at Some Point in the Past Year

(Among Children With Insurance Coverage)

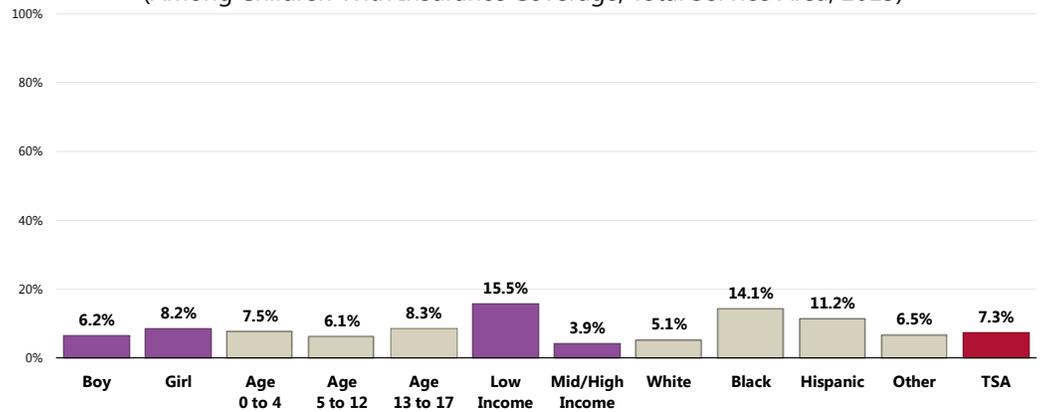


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 112]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is currently insured.

👨👩👧 Children in low-income households, as well as African American children, are more likely to have been without healthcare insurance coverage in the past year.

Child Was Without Healthcare Insurance Coverage at Some Point in the Past Year

(Among Children With Insurance Coverage; Total Service Area, 2013)



- Sources:
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 112]
- Notes:
- Asked of respondents for whom the randomly selected child in the household is currently insured.
 - 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing 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.

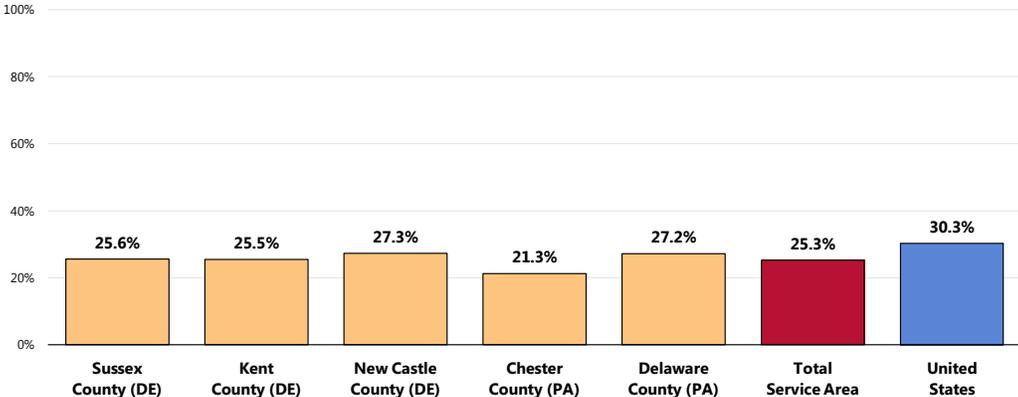
Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

A total of 25.3% of Total Service Area parents report some type of difficulty or delay in obtaining healthcare services for their child in the past year.

- Lower than national findings.
- Statistically similar by county.

Experienced Difficulties or Delays of Some Kind in Receiving Child’s Needed Healthcare in the Past Year



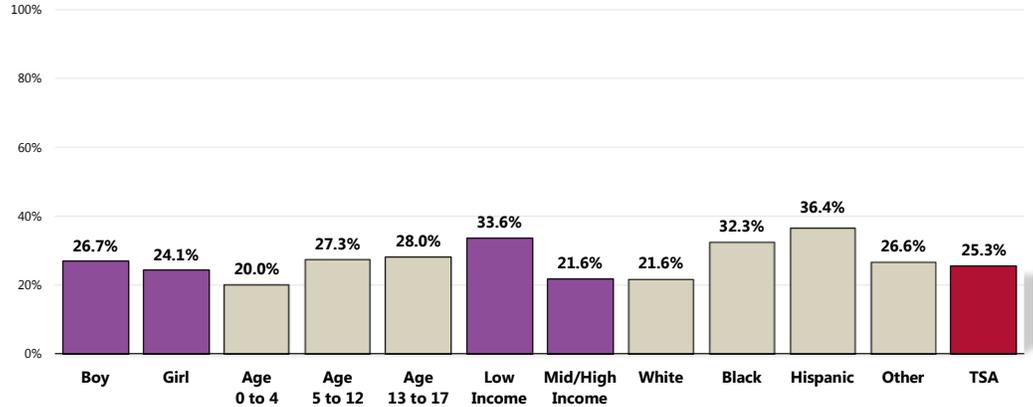
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 164]
 Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing their child’s healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing their child’s healthcare services:

- 👤 Children age 5 and older.
- 👤 Residents in low-income households.
- 👤 Parents of African American or Hispanic children.

Experienced Difficulties or Delays of Some Kind in Receiving Child's Needed Healthcare in the Past Year

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 164]

Notes: • Asked of all respondents.

• 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. "Low Income" includes households with incomes up to 200% 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

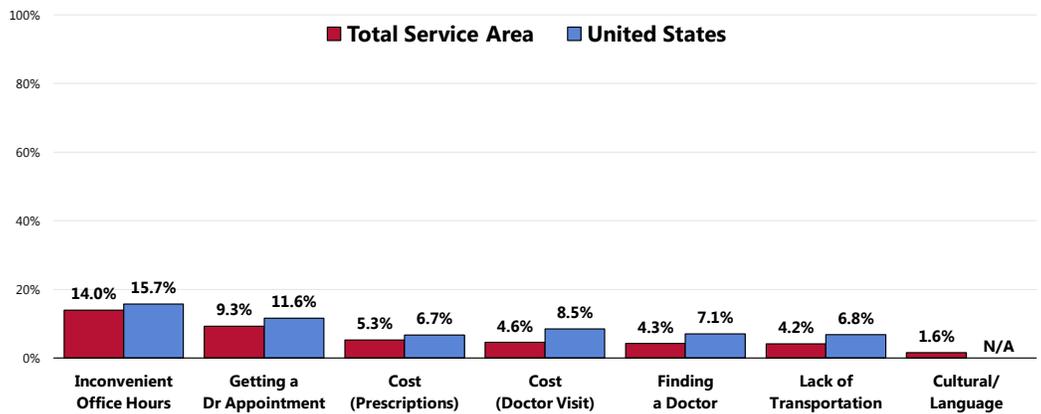
To better understand healthcare access barriers, parents were asked whether any of six types of barriers to access prevented their child from seeing a physician or obtaining a needed prescription in the past year.

These percentages reflect the total population of children age 0-17, regardless of whether medical care was needed or sought.

Of the tested barriers, **inconvenient office hours** impacted the greatest share of Total Service Area families (14.0% of parents say that inconvenient office hours prevented them from taking a child for medical care in the past year).

- The proportion of Total Service Area families impacted was statistically similar to or better than that found nationally for **each** of the tested barriers.
- Note that the item on cultural/language barriers was not addressed in the national survey.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 13-19]

• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

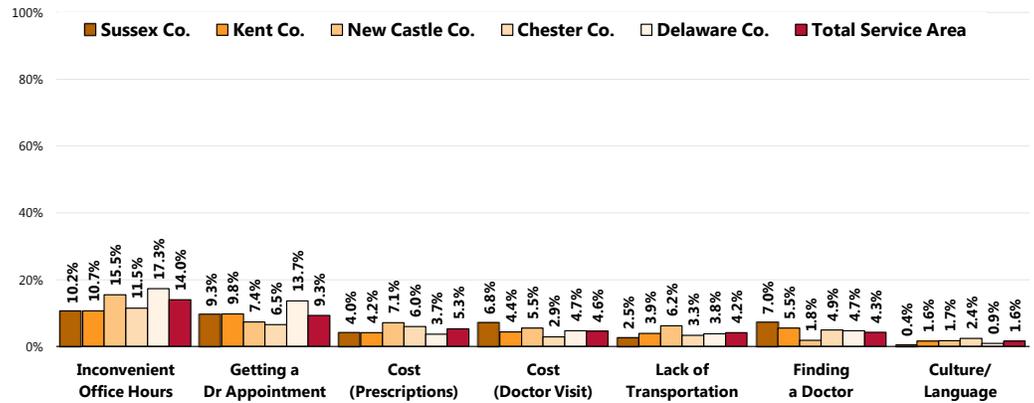
Notes: • Asked of all respondents.

By geography, note the following significant differences:

- The prevalence of problems finding a physician as a barrier to access is significantly lower in New Castle County.
- Parents in Delaware County had significantly more difficulty getting appointments.

Barriers to Access Have Prevented Medical Care in the Past Year

(By Area, 2013)



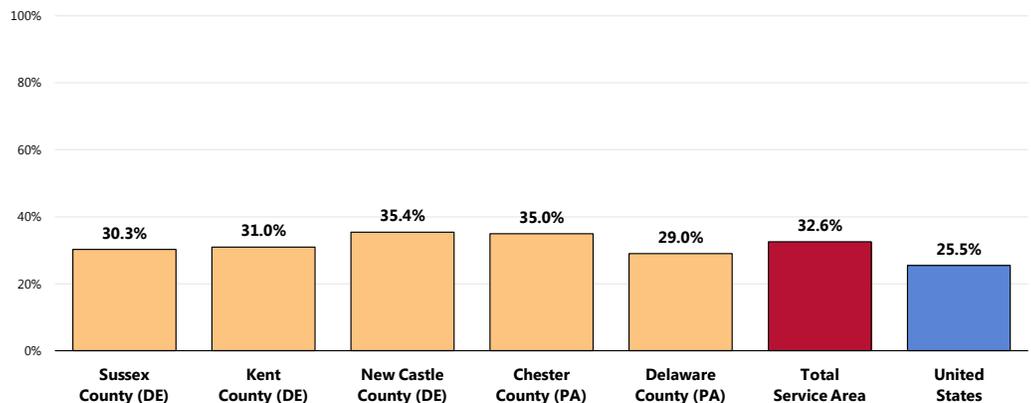
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 13-19]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Note: • Asked of all respondents.

Access to Specialty Care

A total of 32.6% of Total Service Area parents say that they or their child's physician felt at some point in the past year that their child needed to see a specialist.

- Higher than national findings.
- Highest in New Castle and Chester counties.

Child Has Needed to See a Specialist in the Past Year

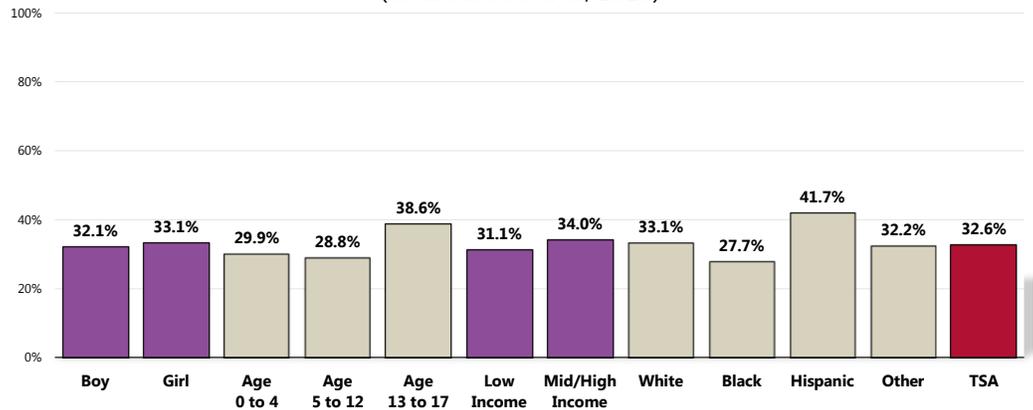


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 24]
 Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 months.

👥 Note that the prevalence of children needing to see specialists is higher among teens and Hispanic children.

Child Has Needed to See a Specialist in the Past Year

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 24]
 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

"During the past 12 months, how much of a problem, if any, was it to get the specialty care this child needed?"

Would you say: a major problem, a moderate problem, a minor problem, or no problem at all?"

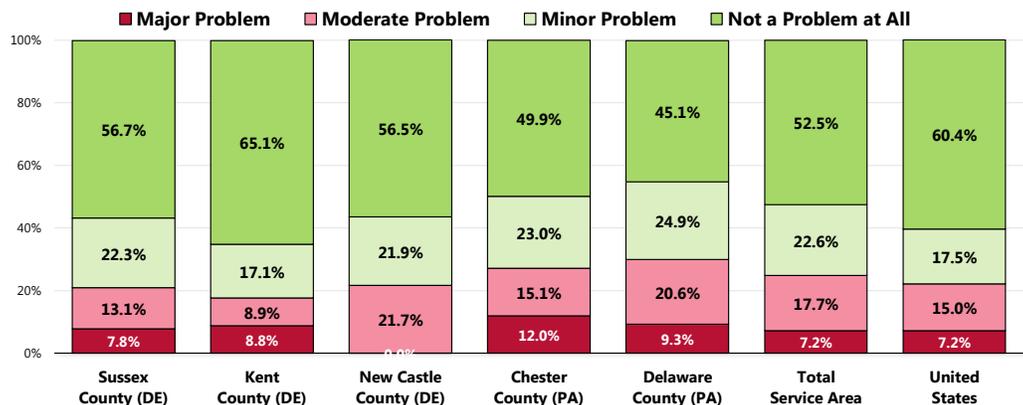
Over one-half (52.5%) of Total Service Area parents needing specialty care for their child in the past year reports that it was "no problem at all" getting the care they needed.

However, 24.9% characterized their child's access to specialists as a "major" or "moderate" problem.

- Comparable to the US prevalence.
- "Major/moderate" findings are statistically similar by county (keep in mind that some counties have relatively small sample sizes for this indicator).

Evaluation of Difficulty Getting Specialty Care for Child in the Past Year

(Among Parents of Children Needing to See a Specialist in the Past Year)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 25]
 • 2012 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.

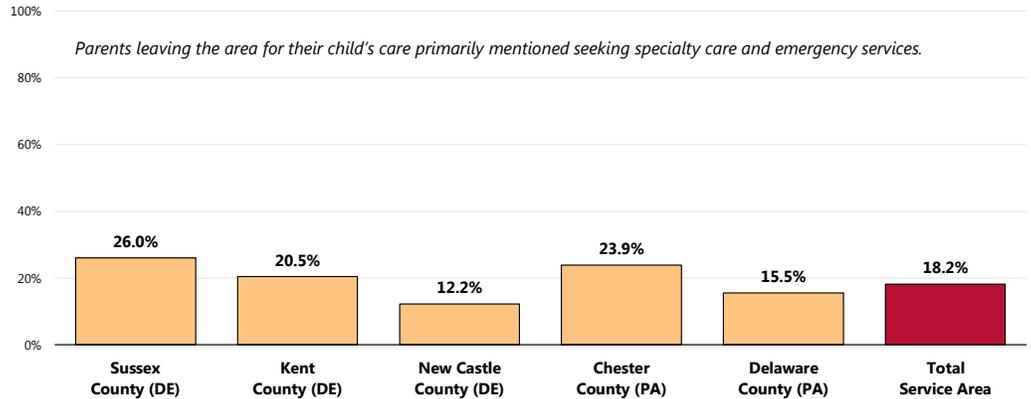
Asked how long it took to get an appointment with a specialist, 10.5% of parents with children in need of a specialist mentioned having **no wait at all**, while nearly one-half (49.0%) waited a **week or less** for their appointment. In contrast, 13.8% waited **at least 30 days** for their child's specialist appointment.

Outmigration for Care

A total of 18.2% of Total Service Area parents report that there are children's healthcare services for which they feel the need to leave the local area for care.

- Highest in Sussex and Chester counties; lowest in New Castle County.

Feel the Need to Leave the Area for Certain Children's Healthcare Services



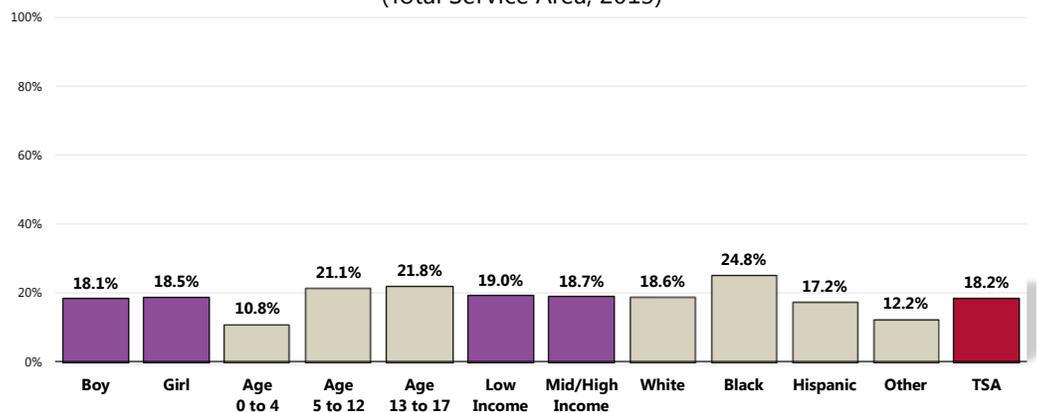
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 40-41]
 Notes: • Asked of all respondents.

Reasons for feeling the need to leave the area primarily related to perceptions that certain **services or specialists are not available locally** (mentioned by 49.9%), followed by **perceptions of quality** (28.8%), **experience/preference** (6.9%) and **access problems** (4.0%).

- Parents of African American children and children aged 5 and older were more likely to feel the need to leave the area for services.

Feel the Need to Leave the Area for Certain Children's Healthcare Services

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 40-41]
 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Related Focus Group Findings: Access to Healthcare

Many focus group participants are concerned with children and adolescent's ability to access healthcare services. The discussion centered on the following issues:

- Barriers to healthcare services
 - Poverty
 - Low health literacy
 - Under or uninsured families
 - Language Services
 - Transportation
 - Hours of operations
- Importance of medical home
- Specialty care

Focus group participants believe that there are several **barriers** that children and families encounter when trying to **access healthcare services** in the community. Attendees feel that the community is diverse, demographically, culturally and geographically. Even though pockets of wealth exist, the families living in **poverty** many times struggle to access care. Overall, residents of Delaware (comprised of Kent, Sussex, and New Castle counties) and Delaware Valley (Chester and Delaware counties in Pennsylvania) exhibit low **health literacy** and remain skeptical of the system, so they do not regularly access healthcare services. Focus group members believe that more grandparents are raising grandchildren than even before, which can create difficulties and compliance obstacles.

"We're seeing a lot of more grandparents taking care of these younger kids, rather than the parents. And they're coming in with their – the kids for healthcare. And I don't know whether it's because families are so busy nowadays trying to keep up with bills that the grandparents are the ones moving into babysitting, or how many of the grandparents are actually taking custody of these children, and they are now really the ones that can care. And grandparents themselves are having to struggle with their chronic diseases and diabetes and hypertension and trying to take care of themselves that health is not a priority for those kids." - New Castle County Participant

Participants stress the importance of health education: organizations must increase awareness of services and advise residents how and when to access appropriate care.

"And this is one of those that are really hard to tackle, but awareness. We've already commented on the fact that we have some of the most highly-regarded hospitals in the country, but people don't even know about it. Just from a personal level, I've a daughter who had a spinal cord injury. We've been going to CHOP. CHOP referred us to Boston. We go to Boston, and Boston goes, 'Why are you here? Go to Shriners.' Oh, duh. That's all they do. But there was no awareness on our part to even think of going to that specialist who was right around the corner from us. And even with the other hospital, they weren't even directing us there." - Delaware Valley Participant

Respondents recognize that the current medical system is complicated. Medicaid paperwork remains burdensome and recipients must access the Internet to complete the

annual application and attendees feel not every family has access to a computer. Families would benefit from patient navigators.

“Some of the feedback that we’ve gotten in our planning sessions is that people still are confused about where to go when, even though we’ve set up, we think, information and referral systems around the county. We need more; we need to be centralized. I think directing people, maybe mapped; maybe having personal navigators for really complex situations would be helpful because it’s very hard to truly navigate the system.” - Delaware Valley Participant

There are several options for **under- or uninsured families**. The underinsured population includes the working poor, those parents who may qualify for employer insurance, but the deductibles are too high or the monthly employee cost is too great, so they elect to go without. These include La Red Health Center, Westside Healthcare, Henrietta Community Health Center and ChesPen Health Services. These organizations operate on a sliding-fee schedule; however, participants worry that many children fall off the healthcare radar around age eight.

“At Henrietta one of the Health Centers, we start with newborns all the way to – to 100 if possible. And what I’ve always noticed is that we have them coming in, and then somewhere between seven or eight they kind of drop out of the radar...And suddenly enough, by that time, they have already developed whatever their lifestyle behaviors are. And it’s very, very hard to change those at that stage. So we – my medical director’s always saying, ‘We got to start when they are in kindergarten – or else when they’re in their mom’s belly, if that could be possible – to really make an impact.’” - New Castle County Participant

Focus group attendees worry La Red Health Center may not reach the entire population because some residents may consider the facility for only Hispanic residents.

“The bonus for La Red for uninsured is you pay on a sliding scale fee, so it’s based on income. The barrier with La Red is that it has the stigma of it’s a Hispanic facility, so a lot of uninsured – when you hear La Red, would probably not call because they’re thinking, well, they serve Spanish residents and they think ‘I don’t speak Spanish.’” - Sussex County Participant

Twenty-eight area high schools possess on-site wellness centers, which contain a multi-disciplinary team and accept Medicaid and other commercial payers; however, recent enrollment numbers have shown a decrease.

Other access barriers families may experience include **difficulty with language services, transportation and clinics’ hours of operation**. A variety of languages are spoken throughout the state and in Delaware Valley. Having someone who can interpret for a non-English speaker is critical and interpretive services have improved, but can be better. Interpreters are needed for many languages (not just Spanish) as the community includes many immigrant populations.

Getting to the physician’s office or community health center is another obstacle to accessing care as the community is very vehicle dependent. Families may have access to one, or no personal vehicle, and the public **transportation** system in the communities remains insufficient, especially for rural areas. Some agencies, or insurances, will provide transportation, but patient awareness of this option remains low. As a respondent explains:

"I do believe there is transportation, but I don't think people know about it. Like Infinity – I think it's Kennedy Transportation, Infinity, the van services, DART services. And your insurance normally pays for these services, but I believe there is a lack of knowledge about them." - Sussex County Participant

Medicaid transportation requires the patient to schedule the service at least a day in advance, which can prove troublesome for the family faced with an unexpected illness:

"Some of the Medicaid insurances do not provide the same day transportation. It has to be two days in advance to schedule the transportation. So I have the patient that the parents care, but they don't have a way of coming to us. They cannot bring the kid when they are sick because they couldn't schedule transportation. By two days when they schedule it, the kid is better or getting worse to the point that they have to call 911 and take the kid to the emergency room, which is more money for the state to pay for the care." - Kent County Participant

Many families have parents working multiple jobs, or shift work, which makes getting to a doctor appointment during normal **office hours** difficult. There is much fear over losing a job if the parent misses work. These families may forgo preventative healthcare and a child may not have a medical home, which participants believe is critical to maintaining good health.

Focus group participants spent a lot of time discussing the **importance of a medical home**. Currently, many families over-utilize the emergency room and treat it as their primary care provider. Children need to see the same provider repeatedly as they age so that education and relationships can develop.

Focus group members believe that families do not have local **access to specialty providers**. Additional specialists are needed down-state because families must travel to Wilmington or Philadelphia for care. Transportation and ability to take time off work affect these families' ability to travel. Specialty providers are needed in behavioral health, psychiatry, dentistry, developmental specialists and adolescent health.

Primary Care Services

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 Care

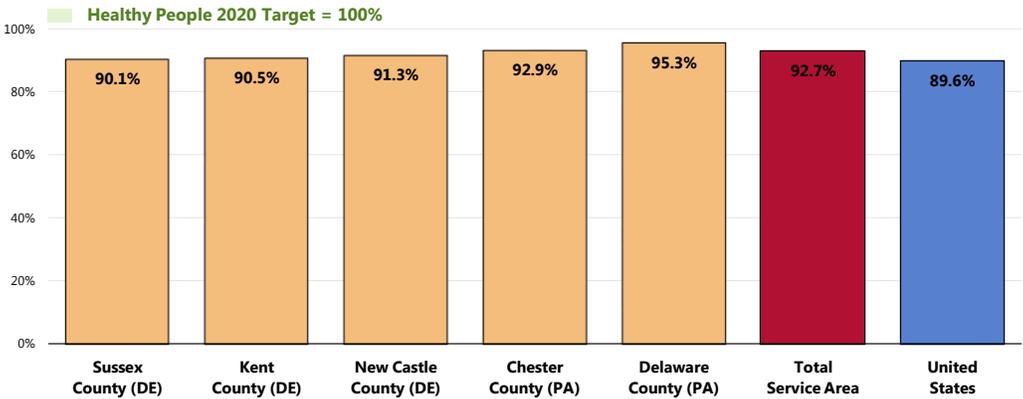
Most Total Service Area children (92.7%) are determined to have a specific source of ongoing care like a specific doctor’s office or clinic they regularly use.

- Better than the national prevalence.
- Favorably high in Delaware County.

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 source of ongoing care in this instance.

Have a Specific Source for Child’s Ongoing Medical Care



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
 • 2012 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.
 • 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 source of ongoing care in this instance.

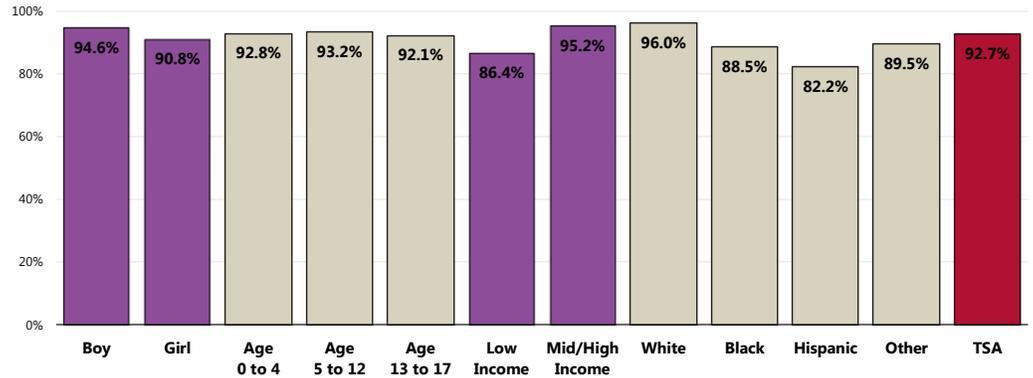
Note that the following children are less likely to have a specific source of care:

-  Girls.
-  Children in low-income households.
-  Non-White children.

Have a Specific Source for Child's Ongoing Medical Care

(Total Service Area, 2013)

Healthy People 2020 Target = 100%



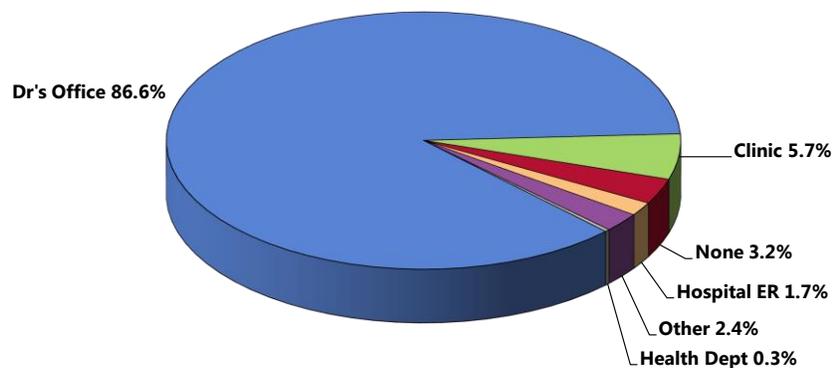
- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
 - 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.2]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - 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 source of ongoing care in this instance.

When asked where they usually go if their child were sick or they needed advice about his/her health, the greatest share of respondents (86.6%) identified a particular **doctor's office**.

- Other places mentioned with less frequency included **clinics** (mentioned by 5.7%), a hospital **ER** (1.7%), and the **health department** (0.3%).

Particular Place Utilized for Child's Medical Care

(Total Service Area, 2013)



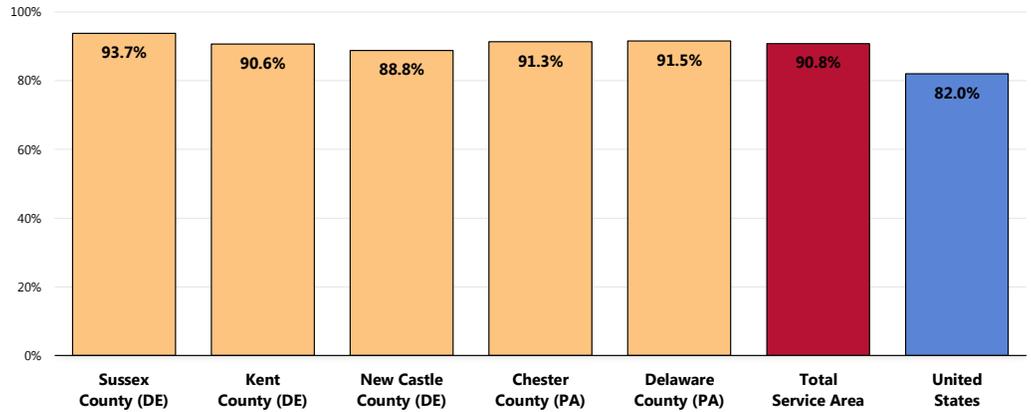
- Sources:
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 21-22]
- Notes:
- Asked of all respondents.

Receipt of Routine Medical Care

Most Total Service Area children (90.8%) have seen a doctor for a routine checkup, well-child checkup, or general physical exam in the past year (not counting an exam for a sports physical or visits for a specific injury, illness, or condition).

- Better than national findings.
- No significant difference by county.

Child Has Visited a Physician for a Routine Checkup in the Past Year

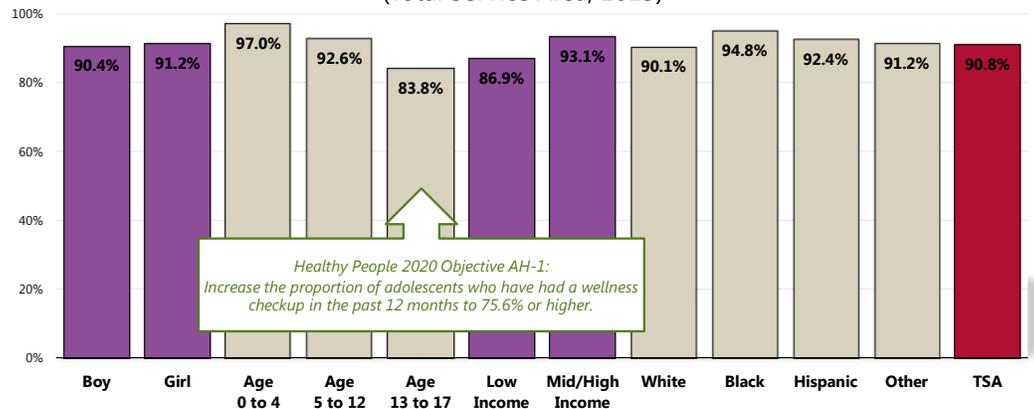


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 23]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Receipt of routine care is lower among teens, although the percentage satisfies the related age-specific Healthy People 2020 objective.
- Low-income children are also statistically less likely to have had a checkup in the past year.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 23]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AH-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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

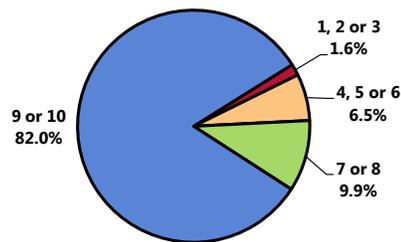
Immunizations

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.
- A total of 93.4% of parents say they would want their (hypothetical) newborn to receive all recommended vaccinations. However, 6.6% would not.

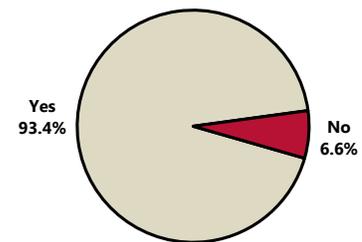
Childhood Vaccinations

(Total Service Area, 2013)



Perceived Importance of Childhood Vaccinations

(1=Not At All Important → 10=Extremely Important)



Would Want All Recommended Vaccination for a Newborn

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 133-134]
Notes: • Asked of all respondents.

Dental Care

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

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.

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
- Poor dietary choices

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
- 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.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

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)

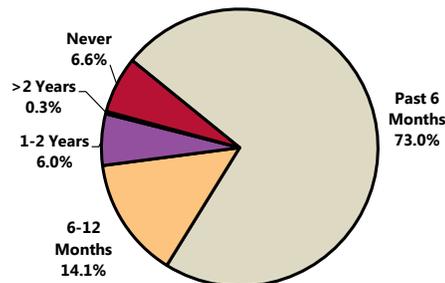
Receipt of Dental Care

Most Total Service Area children age 2-17 (73.0%) have received dental care (for any reason) in the past 6 months.

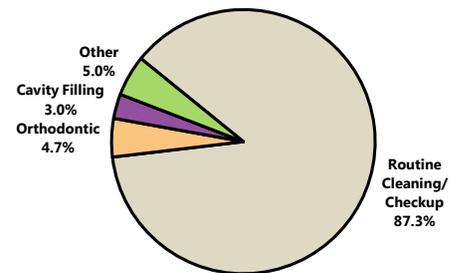
- Asked to specify the reason for their child's most recent dental visit, 87.3% of parents mentioned a **routine cleaning or checkup**, while 4.7% specified an **orthodontic** appointment, and 3.0% had a **cavity filled**.

Characteristics of Child's Most Recent Dental Visit

(Total Service Area Children 2-17, 2013)



Time Since Most Recent Dental Visit



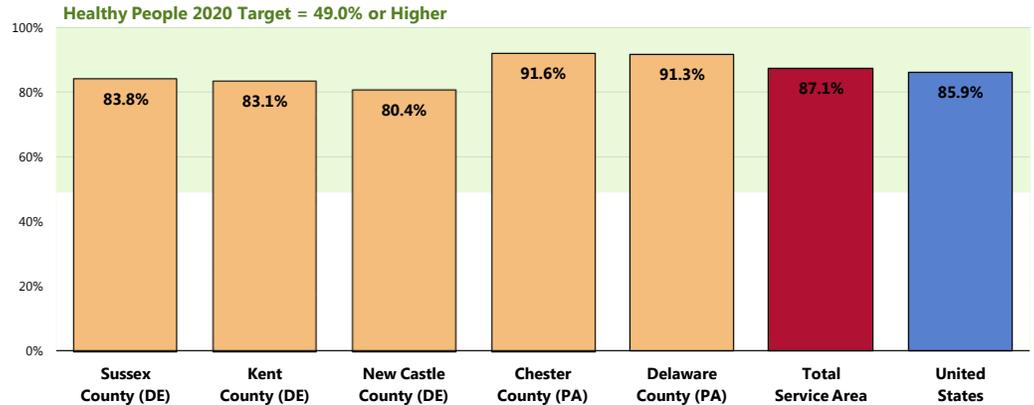
Reason for Most Recent Dental Visit

Sources: ● 2013 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 is between the ages of 2 and 17.

The majority (87.1%) of Total Service Area children (age 2-17) visited a dentist or dental clinic at some point in the past year.

- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Unfavorably low in New Castle County; highest in Chester and Delaware counties.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Children Age 2-17)

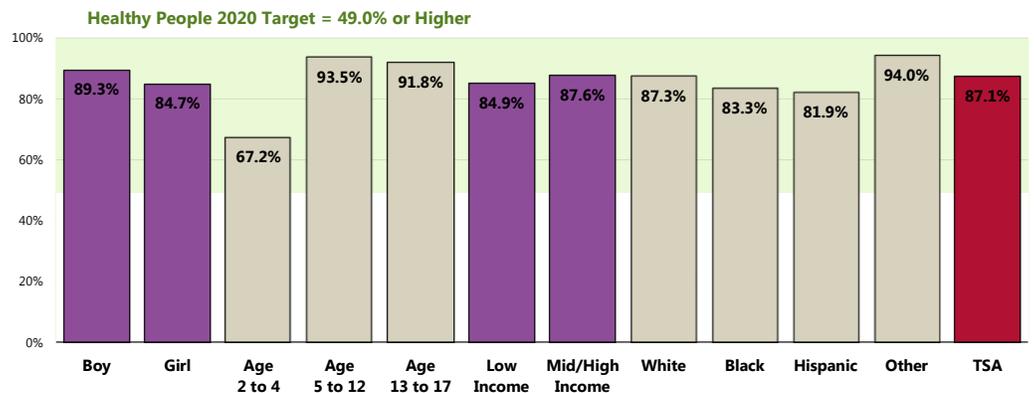


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 43]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

Regular dental care is lower among:

- Girls.
- Children age 2 to 4.
- African American or Hispanic children.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Total Service Area Children Age 2-17, 2013)



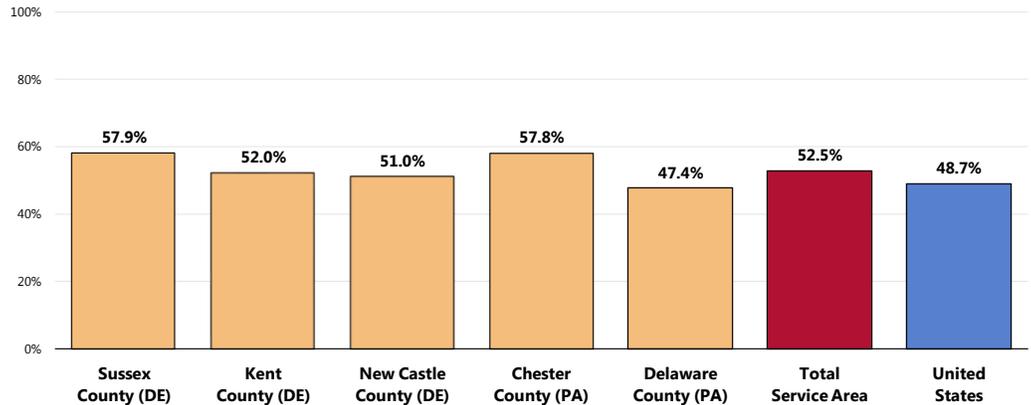
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 43]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of respondents for whom the randomly selected child 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Sealants

Over one-half of Total Service Area parents (52.5%) indicates that their child (age 6-17) has received sealants on his or her permanent molars.

- Similar to the US prevalence.
- Statistically similar by county.

Child Has Had Dental Sealants on Permanent Molars (Children Age 6-17)

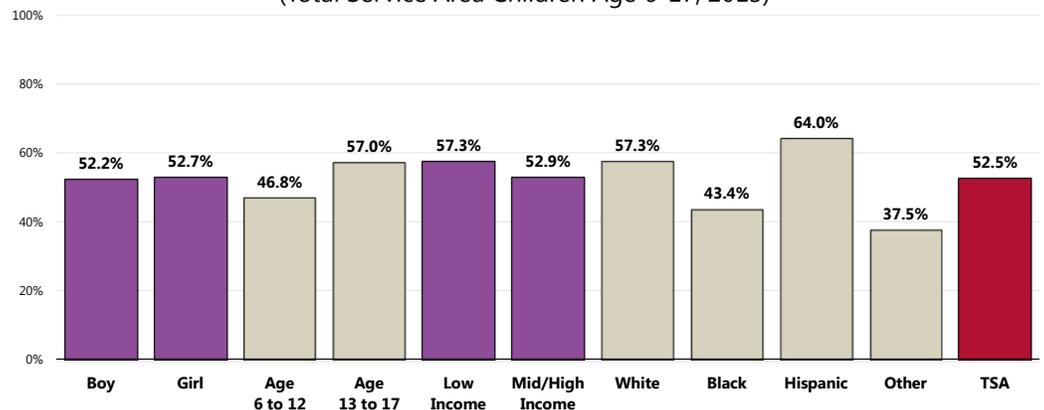


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 45]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 6 and 17.

Dental sealants are less notable among:

- Children age 6 to 12.
- African American children and those of "Other" races.

Child Has Had Dental Sealants on Permanent Molars (Total Service Area Children Age 6-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 45]
 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Related Focus Group Findings: Oral Health

Focus group participants discussed the following issues related to oral health in the community:

- Small number of pediatric dentists
- Public health sealant program

Focus group participants agree that oral health has an effect on a child's overall health and that regular dental care is critical. However, many families face barriers to accessing dental treatment. Overall there are a **small number of pediatric dentists** in the State of Delaware, and attendees believe that the burdensome licensing process defers potential dentists from working in the state. In addition, respondents feel only a limited number of dentists will accept Medicaid patients because of patient compliance issues and the high no-show rates. A focus group respondent explains:

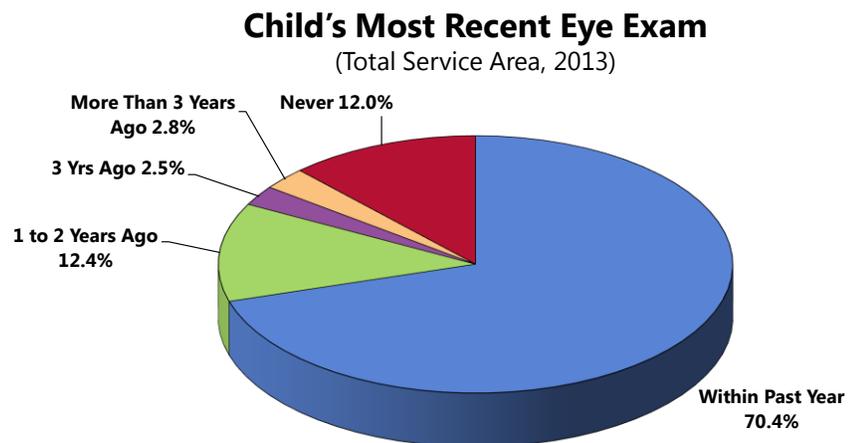
"But they you run into the issue of unfortunately Medicaid patients are usually your high non-compliance patients. And the dentists are used to you don't show up for your appointment, they hit you with a \$40 fee. You can't do that with Medicaid. So, even though at the beginning they were very up to bringing these kids in, once they started seeing the decrease in revenue because of the no shows so now they're not going to do this." - New Castle County Participant

Currently, county **public health offices provide a sealant program** for those schools with students of lower socioeconomic status by means of a dental van that goes directly to the schools.

Vision & Hearing

Vision Care

Note the following frequency of eye exams among Total Service Area children; as shown, 12.0% of Total Service Area children have never had an eye exam.



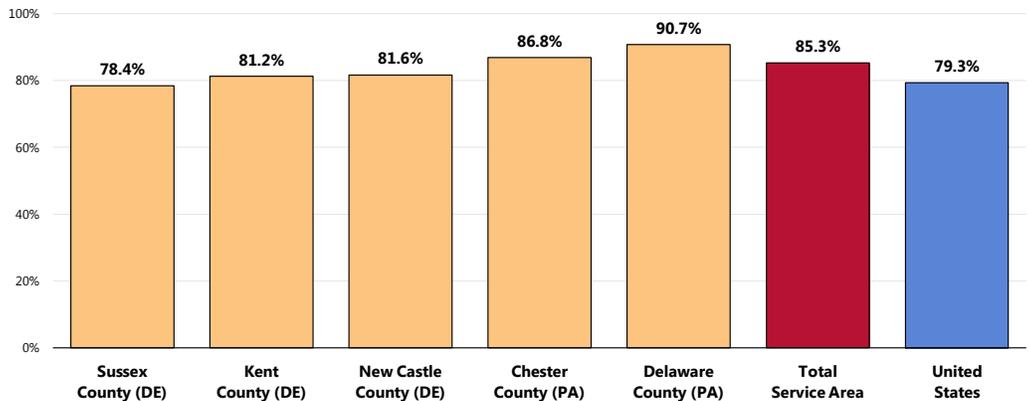
Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 33]
Notes: ● Asked of all respondents.

RELATED ISSUE:
See also *Vision Problems and Hearing Problems* in the **Prevalence of Selected Medical Conditions** section of this report.

On the other hand, 85.3% of Total Service Area parents indicate that their child has had an eye exam within the past three years.

- Better than the national figure.
- Highest in Delaware County, lowest in Sussex County.

Child Has Had an Eye Exam in the Past Three Years



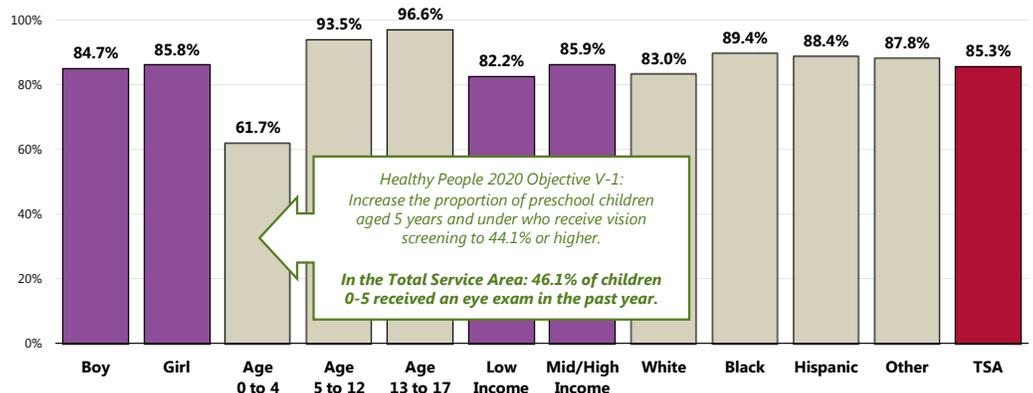
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 33]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Recent eye exams (within the past three years) are lower among:

- Children age 0 to 4.
- Note that Total Service Area young children appear to satisfy the Healthy People 2020 objective established for preschool-age children.

Child Has Had an Eye Exam in the Past Three Years

(Total Service Area, 2013)



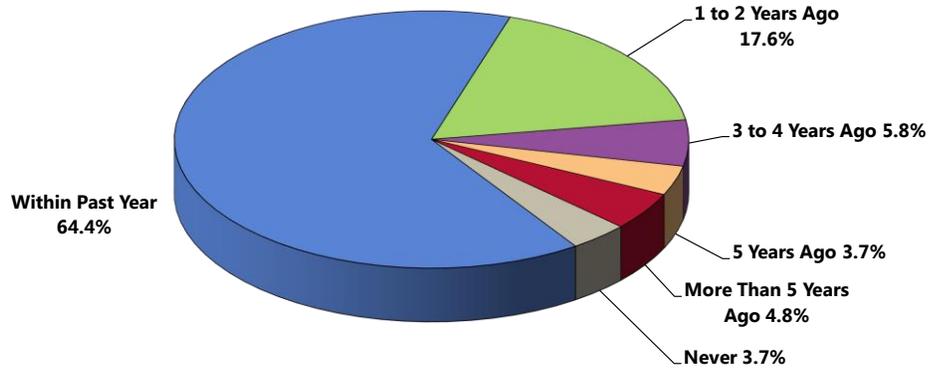
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 33]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective V-1]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hearing Testing

Note that 3.7% of Total Service Area parents indicate that their child has never had a hearing test.

Child's Most Recent Hearing Test

(Total Service Area, 2013)

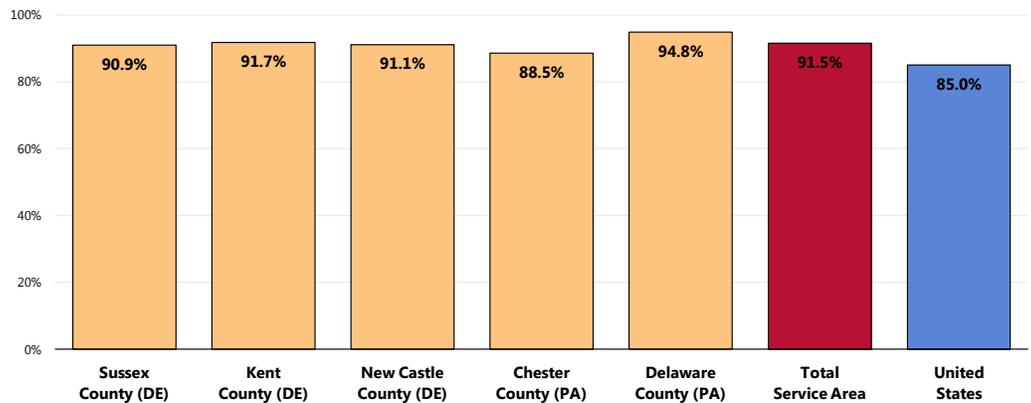


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 35]
 Notes: • Asked of all respondents.

On the other hand, 91.5% of Total Service Area children have had a hearing test within the past five years.

- More favorable than national findings.
- Favorably high in Delaware County.

Child Has Had a Hearing Exam in the Past Five Years

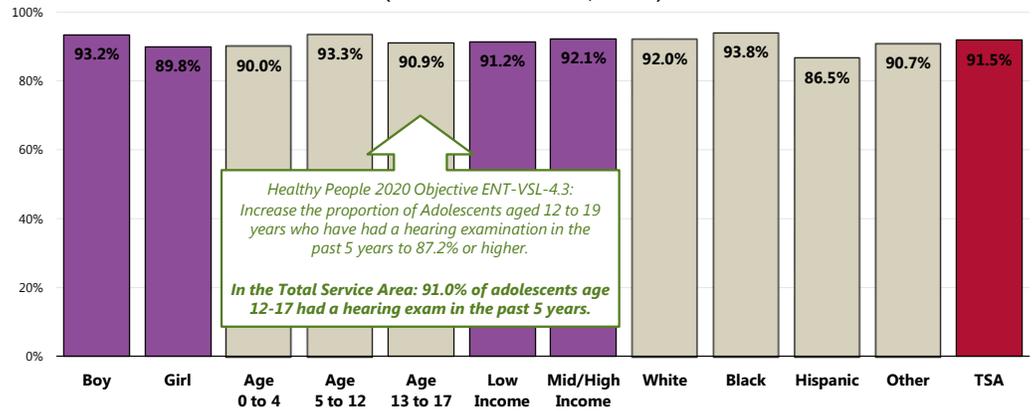


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 35]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

👤 The prevalence of recent hearing tests does not vary significantly by demographic characteristics.

👤 Note that Total Service Area adolescents (age 12-17) satisfy the age-specific Healthy People 2020 objective.

Child Has Had a Hearing Exam in the Past Five Years (Total Service Area, 2013)



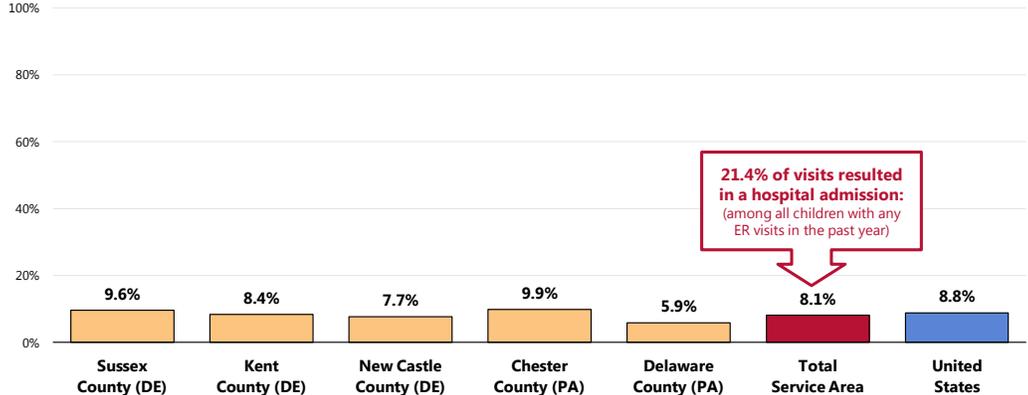
- Sources:
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 35]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective ENT-VSL-4.3]
- Notes:
- Asked of all respondents.
 - Hispanics can be 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Emergency Room Services

A total of 8.1% of Total Service Area children have gone to a hospital emergency room more than once in the past year.

- Similar to national findings.
- Similar findings among the five counties.
- 👤 Among all children with an emergency room visit in the past year, 21.4% had an ER visit that resulted in a hospital admission.

Child Has Used a Hospital Emergency Room More Than Once in the Past Year

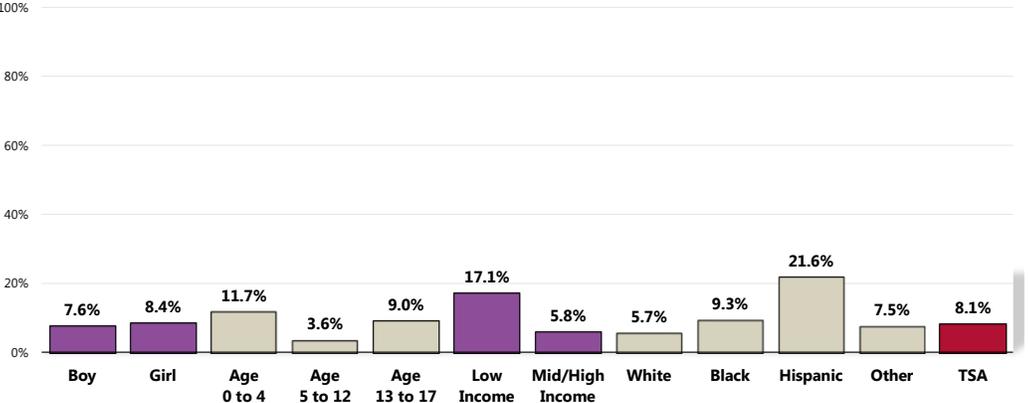


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 36-37]
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- 👤 Children under 5, teens, those in low-income households, and Hispanic children are more likely to have had multiple ER visits in the past year.

Child Has Used a Hospital Emergency Room More Than Once in the Past Year

(Total Service Area, 2013)

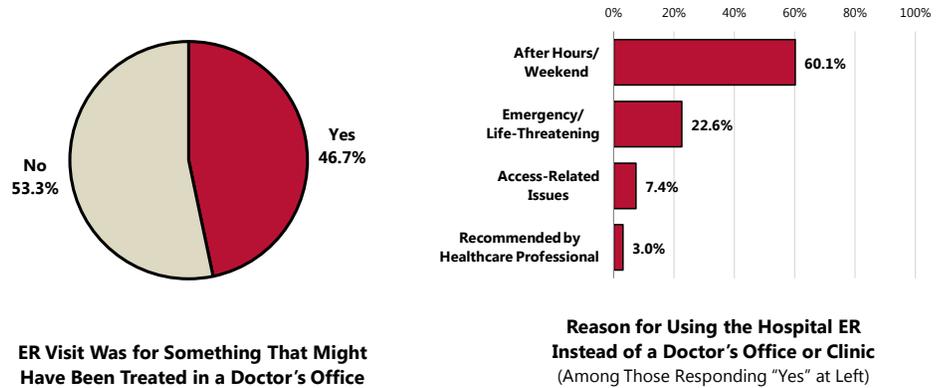


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 36]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Note that nearly one-half (46.7%) of parents whose child received emergency room care in the past year acknowledge that the injury or illness might have been treatable in a doctor's office or clinic. Of these, most (60.1%) say, however, that they used the ER because the occasion was **after hours** (or on the weekend). Another 22.6% stated that it was a true **emergency/life-threatening** situation; however, 7.4% offered reasons suggesting **poor access** to regular primary care services, and 3.0% were following a **physician's recommendation**.

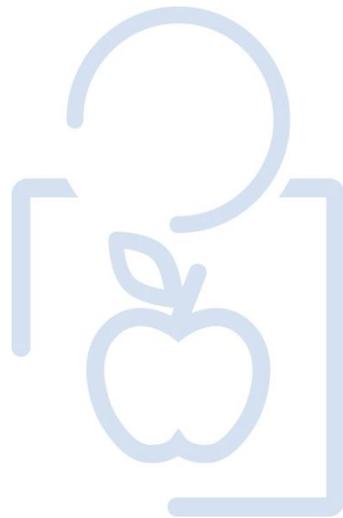
Emergency Room Visits

(Among Total Service Area Children With Any ER Visits in Past Year, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 38-39]
 Notes: • Asked of respondents for whom the randomly selected child in the household has visited a hospital emergency room in the past year.

HEALTH EDUCATION & OUTREACH



Health Education

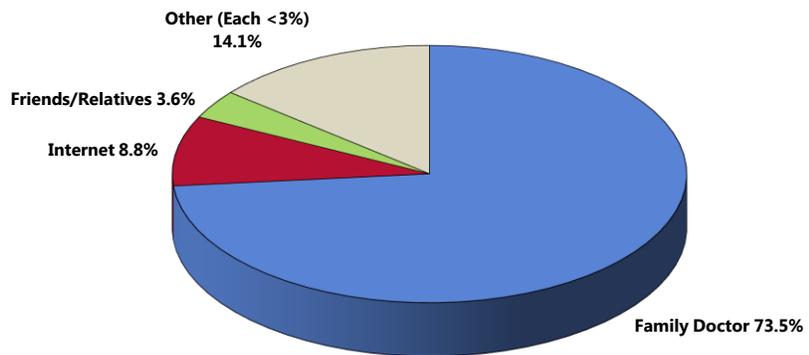
"Where do you get most of your healthcare information for this child?"

Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information for their child.

- Nearly 3 in 4 Total Service Area respondents (73.5%) cited their **family physician** as their primary source of healthcare information for their child.

Primary Source of Healthcare Information for Child (Total Service Area, 2013)



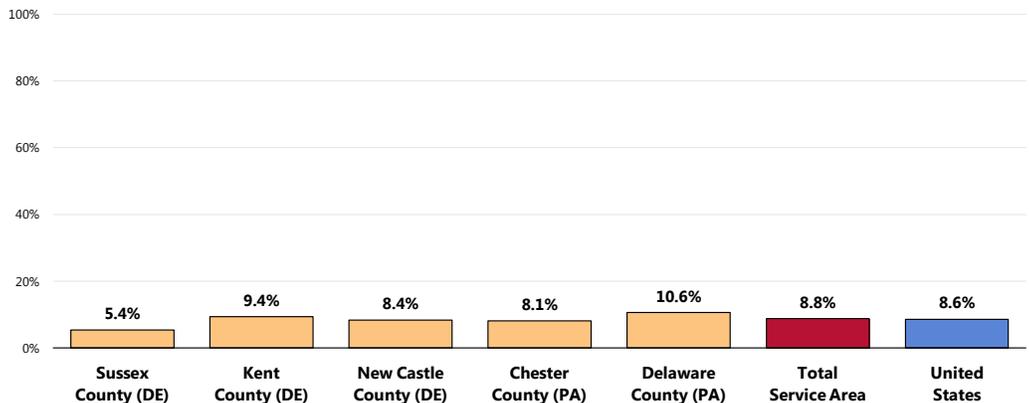
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 129]
Notes: • Asked of all respondents.

Internet

Note that 8.8% of Total Service Area parents identified the Internet as their primary source of healthcare information for children (second-highest response).

- Almost identical to national findings.
- Lowest in Sussex County.

Internet Is Primary Source of Healthcare Information

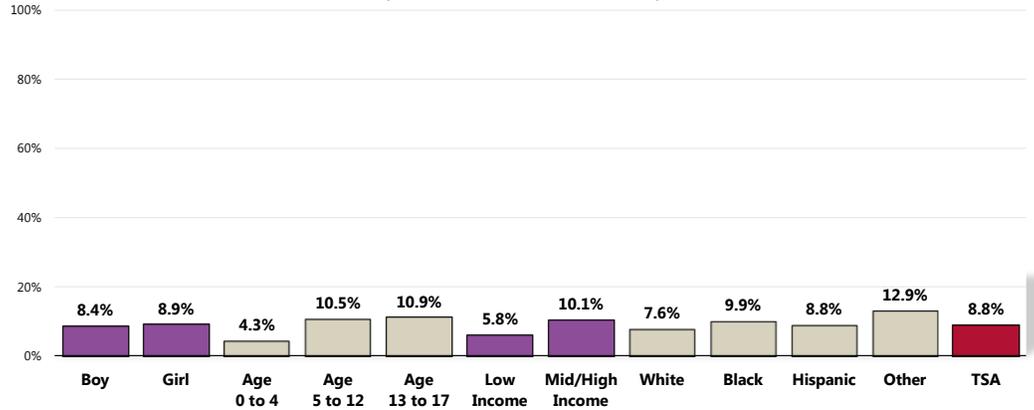


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 129]
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

👤 Reliance on the Internet for children’s healthcare information is higher among parents of children age 5 and older and among those living in mid/high-income households.

Internet Is Primary Source of Healthcare Information

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 129]

Notes: • Asked of all respondents.

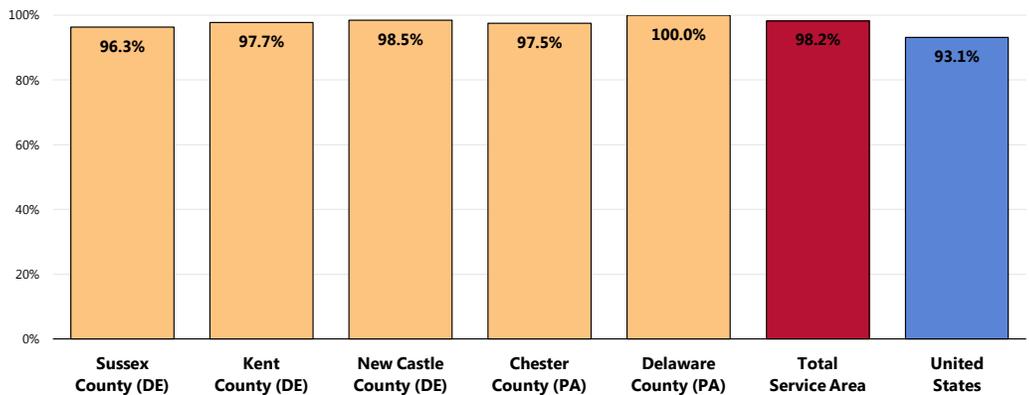
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Nearly all Total Service Area parents (98.2%) have access to the Internet.

- Higher than national findings.
- Highest in Delaware County.

Have Access to the Internet



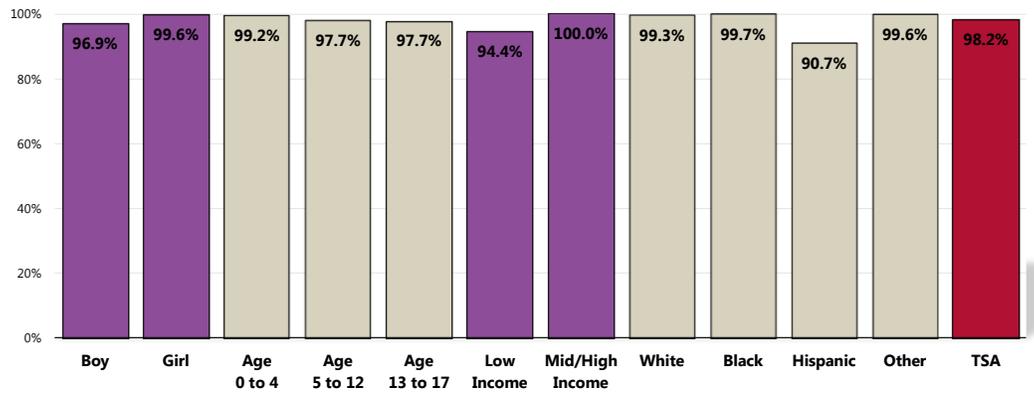
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 140]

• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

👤 Internet access is less prevalent among low-income households, and among Hispanic households.

Have Access to the Internet (Total Service Area, 2013)



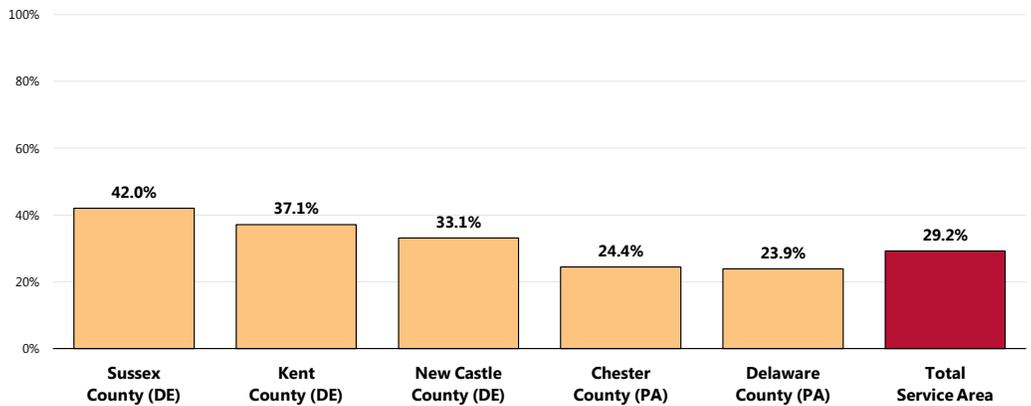
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 140]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% 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 total of 29.2% of area parents report having access to their child's electronic medical record.

- Highest in Sussex and Kent counties; lowest in Delaware County.

Have Access to Child's Electronic Health Record

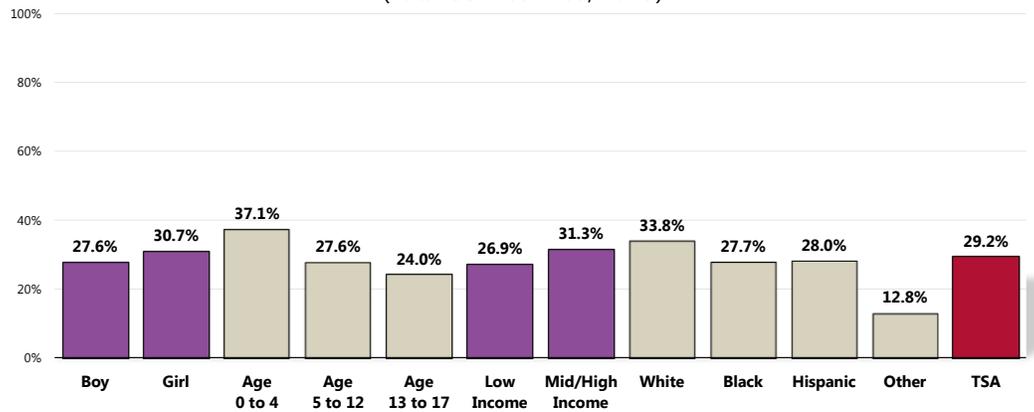


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 132]
 Notes: • Asked of all respondents.

👥 This prevalence decreases with child's age and is lowest among children of "Other" races.

Have Access to Child's Electronic Health Record

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 132]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

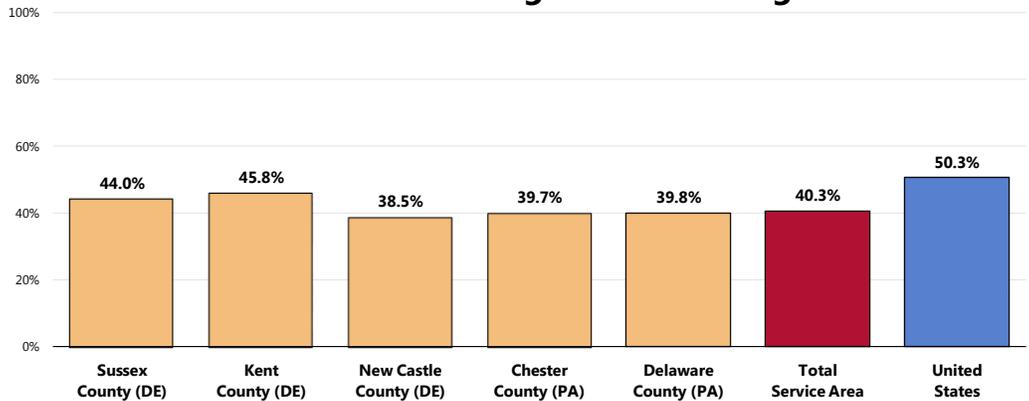
Parenting Education

Among Total Service Area survey respondents, 40.3% are aware of parenting education programs offered in the community.

- Notably lower than found nationally.
- Comparable by county.

"Are you aware of any parenting education programs offered in your community?"

Aware of Local Parenting Education Programs



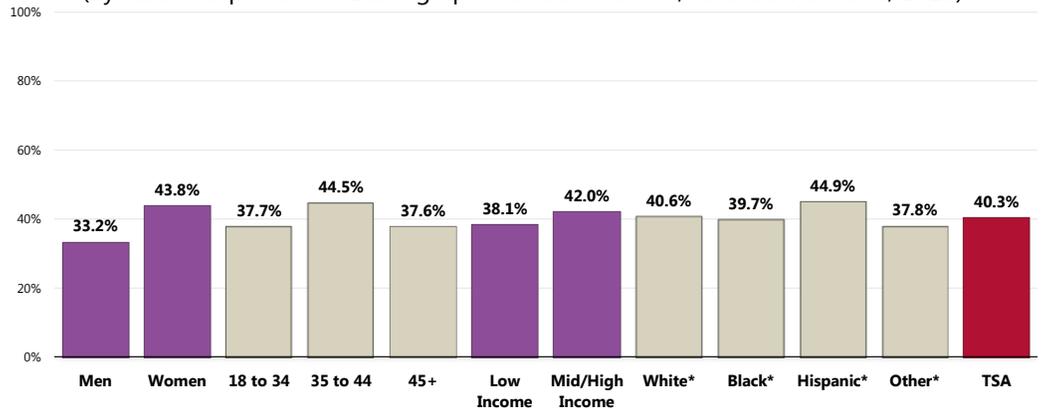
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 130]

• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Men are less likely to report awareness of these programs when compared with women.

Aware of Local Parenting Education Programs (By Adult Respondents' Demographic Characteristics*; Total Service Area, 2013)

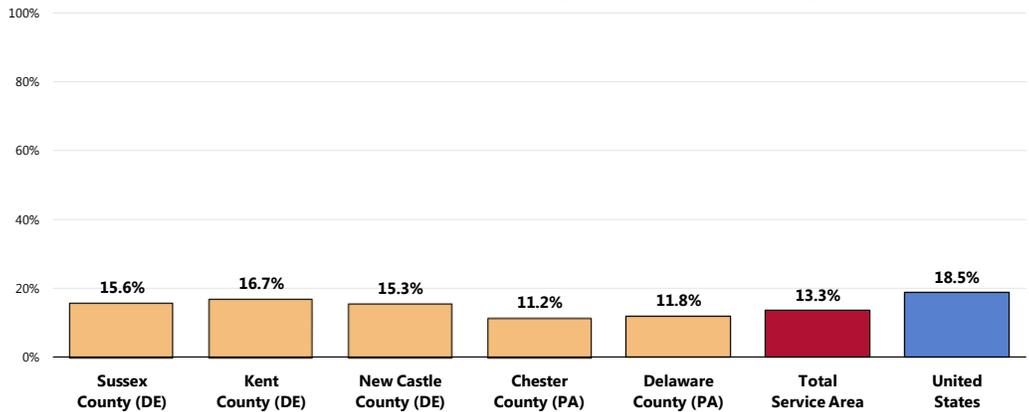


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 130]
 Notes: • Asked of all respondents.
 • *Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Further, 13.3% of all local parents have used a local parenting education program.

- Lower than national findings.
- Statistically similar among the five counties.

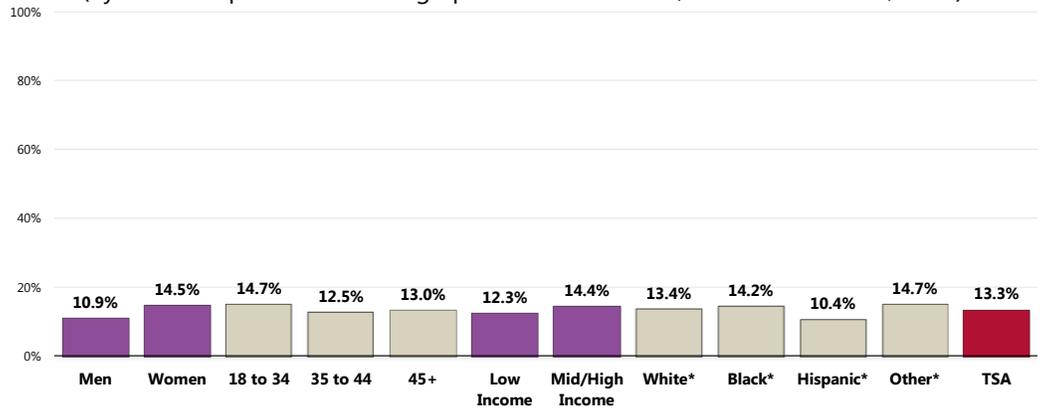
Have Used a Local Parenting Education Program



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 162]
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

👤 Note that usage does not vary significantly by key demographic characteristics.

Have Used a Local Parenting Education Program (By Adult Respondents' Demographic Characteristics*; Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 162]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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 Community Health Needs Assessment.

- Chamber of Commerce
- Christiana Care
- City Planners
- Dart Transit Company
- Delaware Healthy Homes Program
- Federally Qualified Health Centers
- Head Start
- Hospitals & Health Systems
- Infinity Transportation
- Keystone Mercy Health Plans
- La Red Health Center
- Latin American Community Center
- Nanticoke Hospital
- Nemours Health System
- Pediatricians
- Penn Medicine
- School-Based Health Clinics
- United Way
- West End Neighborhood House
- Westside Family Healthcare
- YMCA

Collaboration

Related Focus Group Findings

Participants spent time discussing the varying levels of collaboration occurring in the community between non-profit organizations, schools, and healthcare providers. The themes surrounding collaboration were:

- Varying levels of collaboration
- Communication
- Referral source list

Many of the focus group respondents feel there are **varying levels of collaboration** happening in the community between businesses, social service agencies, law enforcement, the school system and healthcare providers to promote child and adolescent health. Many times the level of collaboration is dependent upon the overall sense of community. New Castle County focus group members believe that the community has a high collaborative spirit, while Kent County respondents agree that only certain cities (Smyrna and Milford) possess collaborative efforts. Participants do recognize, however, that with a small state comes the ability to know the partners and competitors well.

"Well, another contributor to that is living on a peninsula is like living on an island. I don't know if you've worked with folks in Hawaii or Puerto Rico. You got to work together with each other because you're going to bump into each other again. There's no place to go when you're on a peninsula. And that contributes to the – what's referred to as the Delaware way, that – figure this out because we're going to see each other next week or next month." - New Castle County Participant

Participants feel that healthcare reform has made healthcare organizations *want* to know more about local agencies, but duplication of services occurs, silos still exist and **communication** can improve.

"We've actually had meetings where we pulled community partners in so they can really begin to tear those walls down and the silos down, so they can begin talking about what their programs offer so everybody is aware of it. One of the things that we find out, as a funder, as we're funding something, it's almost like a tunnel. You have to really kind of expand that. I remember in the beginning of my career here when I mentioned the word 'collaboration' among agencies, it was like, 'That's my competition.'" - Delaware Valley Participant

"I think sometimes we do that because we think our problems or issues are unique to our agency or to that particular – and when you actually open it up and you start talking to other people you figure out your issues not unique. There's a lot of people struggling. And some of them actually have come up with good ideas on how to address the problem that you have. But you think you're so into your agency or your own area that you think this is unique to you." - New Castle County Participant



Attendees describe the Children's Cabinet, Children's Coalition, Activate Chester County and Sussex County Coalition as collaboratives that work together to network and not reinvent the wheel. The United Way also pushes collaborations through funding requirements; however, when the funding ends so do the collaborations. In order to overcome this, organizations must feel ownership over the coordinated efforts.

Participants also want a **referral source list and standardized forms**, some type of centralized system or clearinghouse where both agencies and families can access information about the resources currently available.