



**COMMUNITY  
HEALTH  
DATA BASE**

A PHMC RESOURCE  
A DPHI RESOURCE



# Collecting and Utilizing Reliable, Local Community-Based Health Information

An Overview of the DPHI  
Community Health Database

2015 HHS

Partners Presentation

June 27, 2016

# About DPHI

- The Delaware Public Health Institute (DPHI) is the first and only public health institute in Delaware.
- Founded in 2013 through a partnership between Public Health Management Corporation 's (PHMC) Public Health Institute (PHI), and the University of Delaware (UD) College of Health Sciences (CHS).
  - Recognized by the National Network of Public Health Institutes (NNPHI) as the first institute of it's kind.
    - Leverages strengths from both institutions
    - PHMC is one of the largest and most comprehensive PHI in the nation
      - Alignment with other agencies serves as a model for growth or multi-sector partnerships in the development of PHIs

*Our **mission** is to **strengthen** and **support** public health services in Delaware through creative **solutions** and **collaborations**.*

# The CHDB Network

## Who participates in the Community Health Data Base?

- **Governmental Agencies**
  - Department of Health and Social Services (DHSS)
    - Division of Public Health (DPH)
  - Department of Services for Children, Youth and their Families (DSCYF)
    - Division of Prevention and Behavioral Health Services
- **Hospital/Healthcare Systems**
  - Christiana Care Health System (CCHS)
  - Nemours (A.I. Dupont Hospital for Children)
- **Non-profit and Service Organizations**
  - Children and Families First (CFFDE)
  - Nemours Health and Prevention Services (NHPS)
- **Foundations and Associations**
  - Delaware Healthcare Association (DEHA)
  - United Way of Delaware (UWDE)

# Strategic Local Research

A wide range of institutions and agencies can use the Community Health Data Base for...

**Needs  
assessments**

**Strategic growth  
decisions,  
facility planning**

**Disease management  
initiatives**

**Marketing &  
outreach**

**Grant writing, development, &  
institutional advancement**

**Community  
health  
programming**

**Teaching &  
academic  
research**

**Advocacy & public  
relations**

# Methodology in Brief:

The Household Health Survey

# Delaware Household Health Survey: Methodology

- The Delaware Household Health Survey (DE HHS) examines health status, and the social determinants that contribute to health outcomes statewide.
  - Collaborative process – address state-specific issues of current importance
- Survey includes questions administered & tested in national & local health surveys
  - Modeled after the Southeastern Pennsylvania (SEPA) Household Health Survey
    - Began in 1983 (Philadelphia)- expanded to include five-county SEPA region in 1991
    - Fielded biannually since 1994.
    - Over 300 members and affiliates
- Science Research Solutions (SSRS) conducted the interviews
  - Member of the Council of American Survey Research Organizations (CASRO)



# Delaware Household Health Survey: Methodology

- Dual-frame RDD landline/cell phone telephone sample plan
- Dramatic rise in wireless-only households in recent years
  - **50%** Cell phone (n=1,310) and **50%** landline (n=1,299)
- Adult respondents selected using last birthday method
- Interviews conducted in English and Spanish; foreign-language proxy if needed.
- Response and cooperation rates calculated using AAPOR's RR3 and COOP3 formulas



# Delaware Household Health Survey: Methodology

- **Geographic Reach**

- The final survey sample (**n=2,609**) supports reliable analysis at the zip code cluster level for four regions in Delaware (n~625 in each):

- **Sussex**
- **Kent**
- **Greater Wilmington Area (GWA)**
- **Remainder of New Castle County (RNCC)**

- **Oversampled 9 zips:**

- (19801,19802,19805,19934,19956,19960,19973,**19706,19941**)

- **Weights**

- Survey data were weighted to Census population figures of key demographic subgroups (Nielsen-Claritas 2015 totals)
  - Projection & balancing weights (adult & household)



# Putting the Data to Use:

First Steps

# Defining Your Community

## Geographic

- Neighborhoods
- ZIP code clusters
- Census tract clusters (coming soon!)
- Service areas
- School districts
- Cities
- Suburban townships
- County, region

## Demographic

- Age/Age group
- Gender
- Ethnic and racial groups
- Sexual identity
- Employment and education
- Religious affiliation
- Poverty (Federal Poverty Level)
  - Below & at/above 50% FPL
  - Below & at/above 100% FPL
  - Below & at/above 150% FPL
- Many other demos

# Putting the Data to Use: Household Health Survey

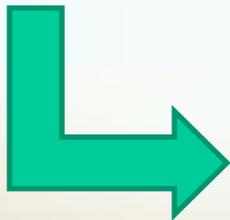
Topic Areas and Examples

# Key Topic Areas



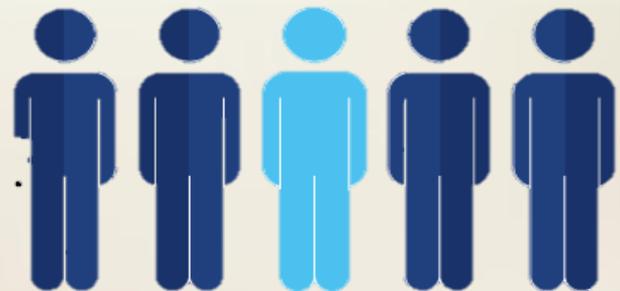
# Health Status & Health Indicators

The **majority** of Delawareans (83 percent) are in excellent or very good health.



But nearly one in five adults are reportedly in fair or poor health.

***...Call to action***



# Access to Care & Services

Having health insurance and a regular place to go when sick are important factors in helping to ensure **continuity** of care over time.



# Sources of Care

**The majority of Delawareans (85%) have a regular source of care.**



8 in 10 use a private doctor's office

**People with a regular source of care often receive earlier treatment & get well more quickly, preventing costly complications.**



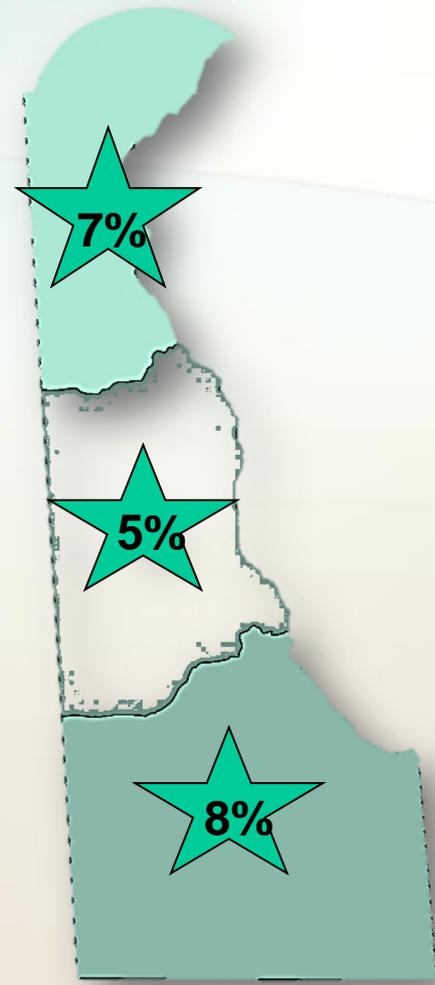
The **lowest** reported private doctor office use was found in Center City (CC) Wilmington.

- One-third reported 1+ ER visits in the past year.

# Uninsured Adults

Delaware does **not** meet the national Healthy People 2020 goals of 100 percent insurance coverage.

- Sussex County has the highest percentage of uninsured (7.7%) with over 12,500 people currently **without** health insurance.
  - Followed by New Castle (6.6%) and Kent (5.1%) counties.



■ 1<sup>st</sup>    □ 2<sup>nd</sup>    □ 3<sup>rd</sup> (highest%)

# Why No Insurance?

**#1 Reason why adults lack insurance:**



***“Cost is too high”***

Followed by:

- Person in family with health insurance lost job or changed employers
- Lost Medicaid/Medical plan (stopped after pregnancy, because of new job or increase in income, or other reason)
- Healthy/do not need
- Illegal status/ undocumented/ no SSN



# Cost Barriers to Care

High costs continue to be an issue among Delawareans **with** or **without** health insurance...



1 in 10 adults were unable to get needed care due to cost .



15% were prescribed medication but did not fill it due to cost.



## What about the **Marketplace**?

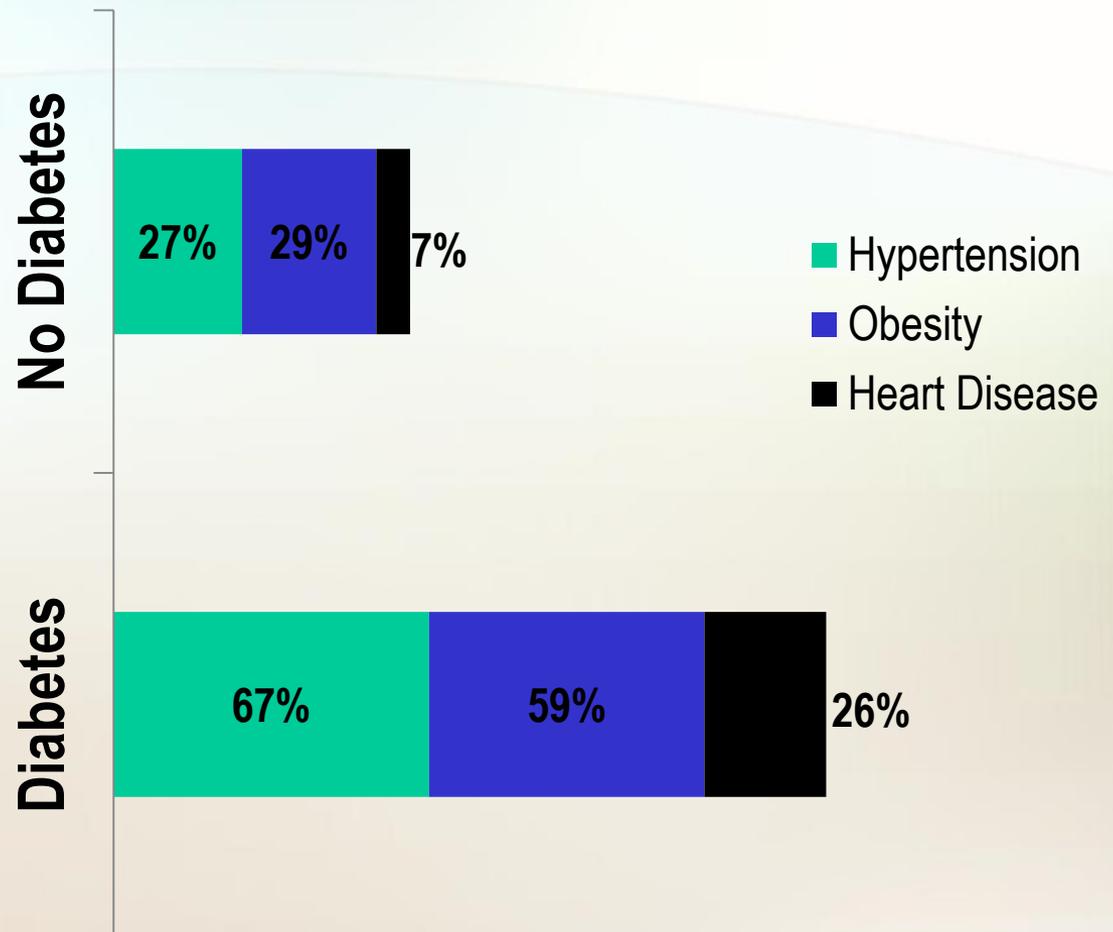


14% of adults in Delaware looked into purchasing health insurance through the Health Insurance Marketplace

- 2 out of 3 found it **somewhat difficult** to **very difficult** to find a plan they could afford to use
- Less than half actually **enrolled** in a plan.

# Chronic Health Conditions

Chronic Diseases are among the **leading causes of death** and disability in the United States. Conditions such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis—are among the most common, costly, and **preventable** of all health problems.



# Health Behaviors

Health behaviors quite often **directly** impact and influence overall health outcomes.



# Less than the recommended serving of fruits and vegetables?

**#1 Reason adults do not eat 5 or more servings of fruits & vegetables per day:**

 ***“I do not like the taste.”***

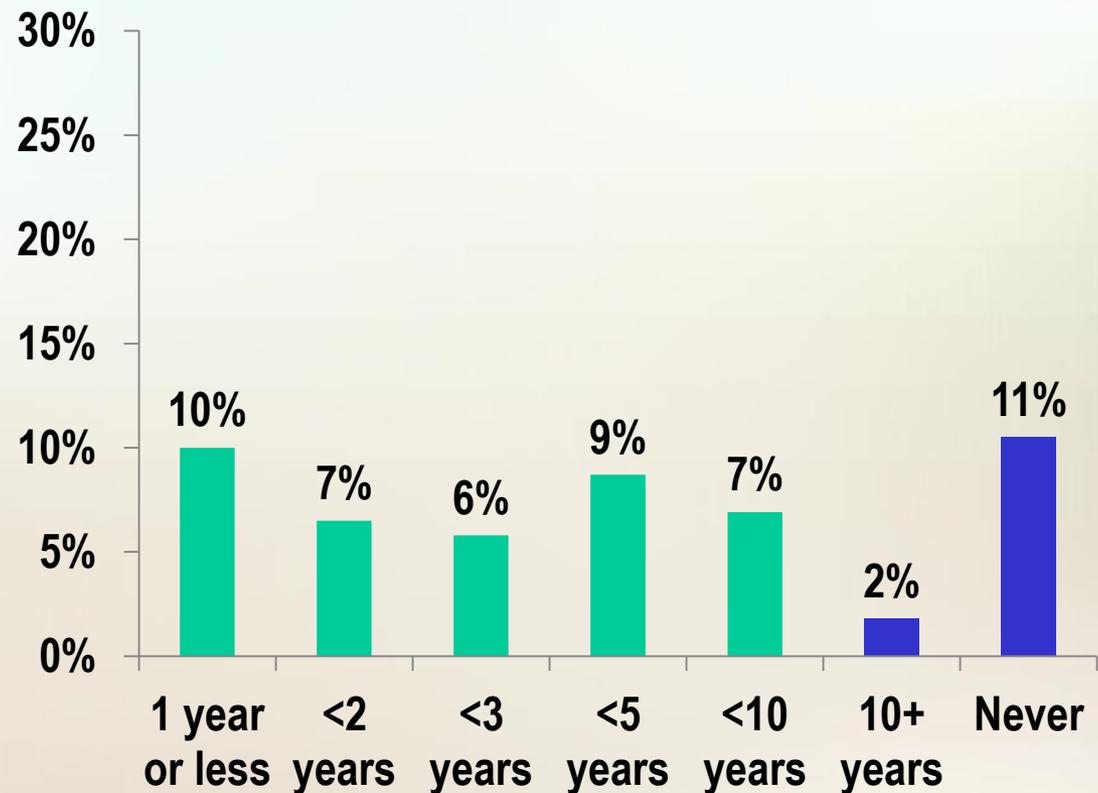
- **Limited accessibility** was most often cited by residents in GWA.
- **Cost** barriers were cited most often in Kent.
- **A lack of time and knowledge** for food preparation were most often cited in RNCC.
- **Dietary and health restrictions** were most commonly cited in Sussex.

# Screenings & Preventative Services

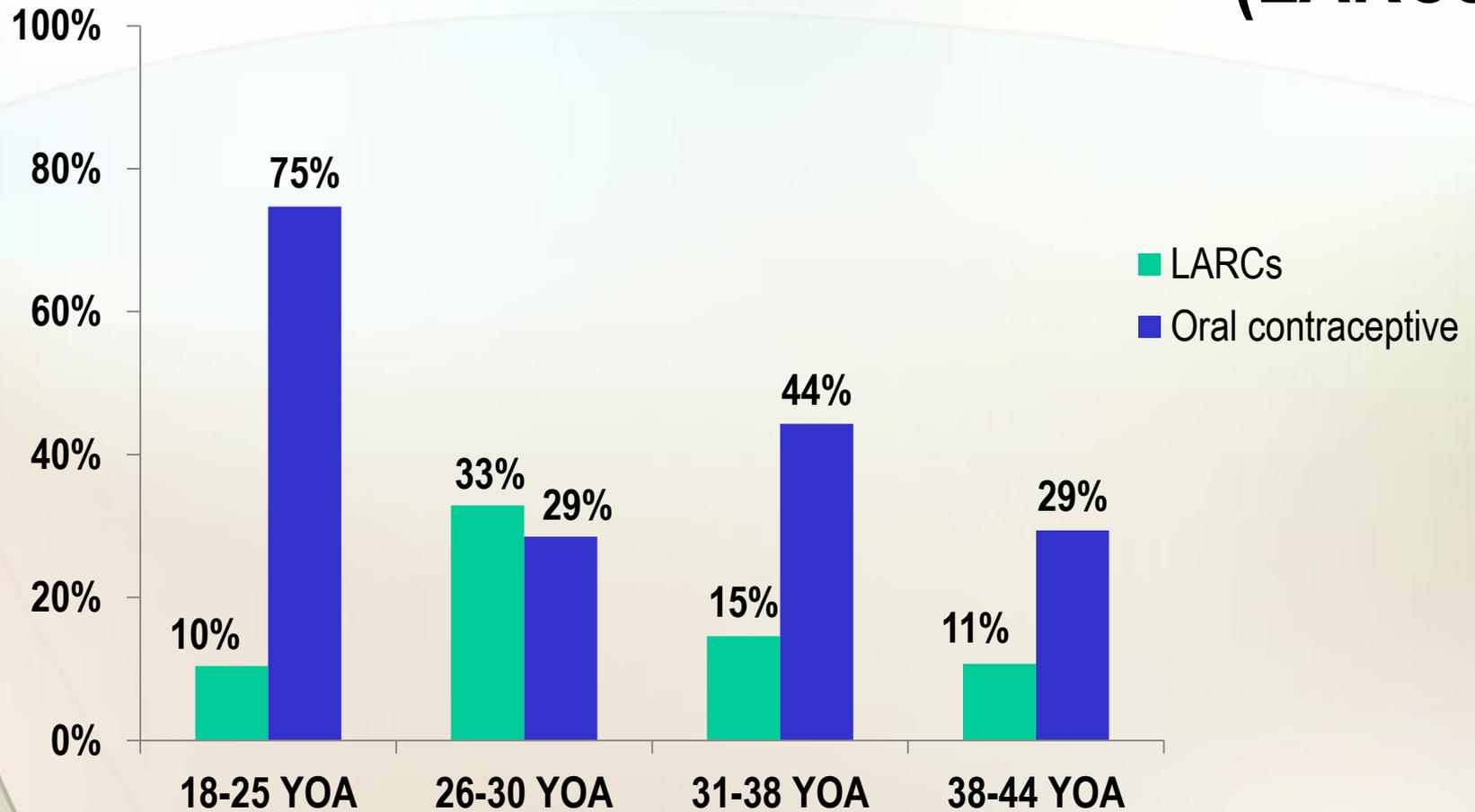
Regular health screenings can help identify health problems **before** they start.

Early detection can also improve the chances of treatment being **effective**, helping individuals live longer, healthier lives.

Time since last colonoscopy, Adults (50+), 2015

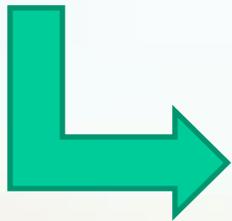


# Long-Acting Reversible Contraceptives (LARCs)



# Why No LARCs?

What is the primary reason you do not use LARCs?



***“To avoid negative side-effects.”***

Followed by:

- Uncomfortable with the procedure
- Lack of information



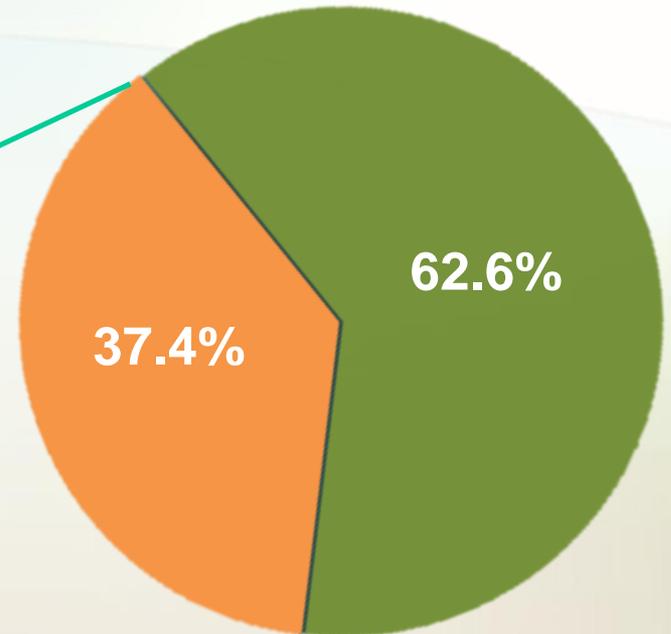
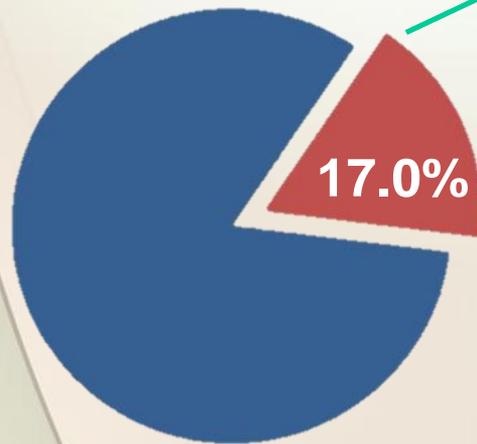
# Mental & Behavioral Health

Mental illness has wide-reaching **effects** on people's education, employment, physical health, and relationships.



# Mental Health Diagnosis & Treatment

More than 123,300 (17%) adults in Delaware have been diagnosed with a mental health condition.

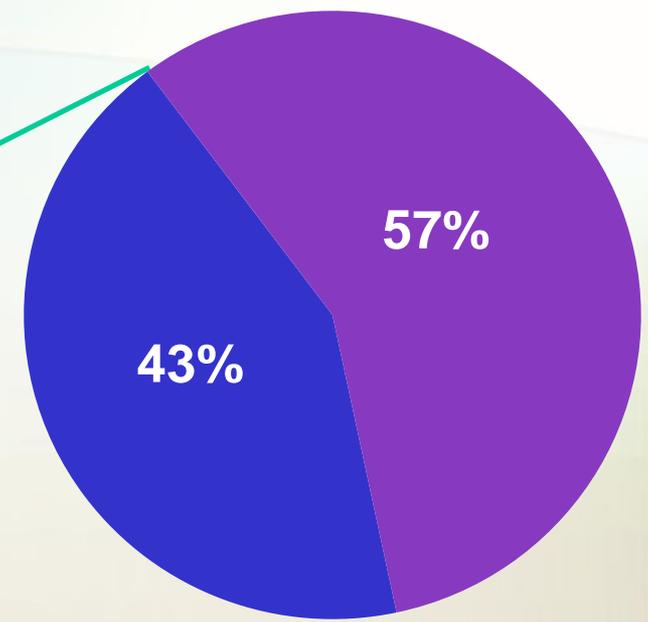


Of those diagnosed with a mental health condition, more than 45,900 (37.4%) are not receiving treatment for their condition.



# Substance Abuse & Treatment

Of the over 75,000 adults who have been told they have a substance abuse problem, more than 32,000 have not received any form of treatment.



#1 Reason adults do not seek treatment for substance abuse:



***"I don't have a problem."***

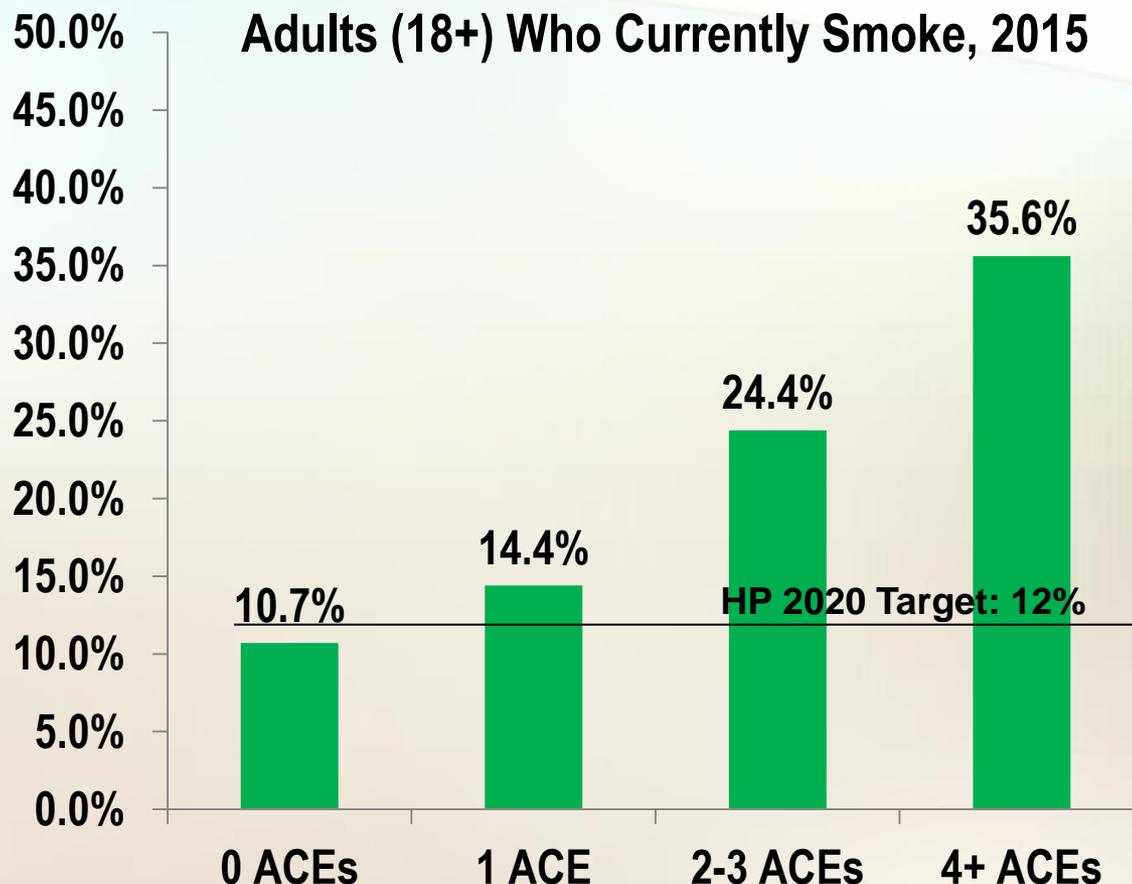
# Adverse Childhood Experiences (ACEs) & Health

ACEs can have lasting effects on behavior & health...

- Have a tremendous, ***lifelong*** impact on our **health** and **quality of life**.

The Kaiser ACE study showed dramatic links between ACEs and:

- Risky behavior;
- Psychological issues;
- Serious illness; and
- The leading causes of death.



# Social Capital & Health

**Social capital** refers to all those features of the social structure that might facilitate actions of individuals within the social structure itself.

Circumstances that prevent or limit the availability of social capital for a community and its members can have a **negative effect on the health and well-being** of the members of that community.



**21%** of CC Wilmington do **not** feel comfortable visiting their parks during the day VS. **less than 1%** of South Dover.

# Violence & Neighborhood Trust

Witness Violence and Community Trust: 6 Point Scale

◆ Delaware    ■ Center City Wilmington



# Marketing & Outreach

“How do you prefer to receive information about health and social services available in your community?”



All indicators from the Delaware Household Health Survey can be analyzed by various **demographics** which can be useful when targeting specific populations. For example, when considering respondent **age**...



**18-34** year olds prefer to receive information about health and social services by **email** more than any other source.

## In Closing...

- This is the first time Delaware has **reliable, local, community-based health** information
- The data can be used by a wide range of institutions and agencies for **planning, financing**, and the **delivery** of health care services and supports.
- Users have the ability to **define** their communities through **customizable** geographic regions and key demographics.
- Groups should analyze these data by smaller geographic regions and specific demographic groups to truly understand the **volume** of the issues.

The Community Health Data Base is dedicated to making this data as useful as possible to your organization. Please feel free to contact us at any time with questions or specific requests.



**COMMUNITY  
HEALTH  
DATA BASE**

A PHMC RESOURCE  
A DPHI RESOURCE



**From all of us at DPHI  
and  
The Community Health Data Base**

**THANK YOU!**