Community Health Needs Assessment

2019 REPORT

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Community Health Needs Assessment 2019 Report
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About Nemours

Background

As one of the largest integrated pediatric health systems in the United States, Nemours Children's Health System serves children in the Delaware Valley, Florida and Georgia, and, for select specialties, children from across the nation and around the world. In the Delaware Valley, Nemours provides comprehensive pediatric care at our nationally ranked hospital, Nemours/Alfred I. duPont Hospital for Children. In 2019, Nemours/duPont Hospital for Children Associates analyzed secondary data sources to assess the health needs of the community while taking into account input from the community and public health.

In addition to fulfilling the requirement by the IRS Section H/Form 990 mandate, the Nemours CHNA process was conducted to achieve the following overarching goals:

- Update the 2016 assessment and provide a comprehensive portrait of current child and family health needs and strengths within Nemours' targeted community served as described below
- Support more meaningful data collection to inform strategy within various Nemours departments
- Support a more community-engaged approach: Use existing data to determine needs and focus efforts on the second stage, which entails getting community and stakeholder feedback on needs and potential solutions
- Explore collaboration and collective impact opportunities with other hospital systems; Healthy Neighborhoods sustainability strategies; state, county and city priorities; coalitions
- Integrate existing data collection efforts (CHNA, Social Determinants of Health, Nemours Practice Profiles)

Methods

In an effort to develop a social, economic and health portrait of Nemours' priority communities, existing data drawn from the most up-to-date national, state and local sources were reviewed. Sources of data included the American Community Survey, National Survey of Children's Health, Youth Risk Behavior Surveillance System data, among others. In addition to secondary data collection efforts, primary data collection was conducted (n = 481).

Primary data collection efforts included a brief survey administered to area residents, Nemours patient families, Delaware Division of Public Health staff and Delaware school nurses (n = 314). Primary data were also collected at 10 community meetings where key stakeholders throughout the state received a presentation followed by a question and answer forum. Attendees were then asked to evaluate their prioritization of the community needs based on the data presented and their assessment of their community (n = 167).

Findings

The following provides a brief overview of key findings that emerged from this assessment.

COMMUNITY SOCIOECONOMIC HEALTH

- **Demographic Characteristics:** The city of Wilmington, the largest city in Delaware, is the most ethnically and racially diverse. According to the American Community Survey 2012 – 2016, among Nemours' targeted community served, Wilmington had the highest percentage of residents who self-identified as Black non-Hispanic (67.8%), which was above that of Delaware overall (25.7%). Wilmington also had the highest percentage of residents who self-identified as Hispanic or Latino (18.9%), compared to Delaware overall (14.3%).
- **Income and Poverty:** In addition to being the most racially and ethnically diverse, Wilmington residents had the highest percentage of children living in poverty (40.4%), compared to Delaware overall (17.4%). Wilmington also had the lowest median household income ($40,211), compared to Delaware overall ($63,036), per the American Community Survey 2013 – 2017.
- **Housing:** Housing arose as the top priority area under social determinants of health. The rising cost of housing was noted not only by the prioritization of housing as a top concern, but also by the data. According to the American Community Survey 2013 – 2017, more than half of renters in Wilmington (56.8%) spent 30% or more of their household income on rent as compared to less than half in Delaware (49.3%). Homeownership, or lack thereof, was also a concern in Wilmington with a smaller percentage of housing units occupied by homeowners (38.3%) as compared to Delaware overall (59.3%).
- **Crime and Neighborhood Safety:** Concerns about community safety and violence were very evident in this CHNA, particularly among Wilmington residents, where community safety and violence was ranked number one under social determinants of health. According to FBI Uniform Crime Reporting Data 2014 – 2016, the violent crime rate in Wilmington was 1,803.7 per 100,000 population as compared to 509.1 per 100,000 in Delaware overall.

COMMUNITY HEALTH ISSUES

The data highlighted, and assessment participants confirmed, the health issues and concerns that Delaware children are most affected by, including access to mental health care, substance use/misuse, weight/healthy eating/physical activity and mental health/trauma.

- **Access to Mental Health Care:** Access to mental health care was noted as the top priority under health behaviors, access and outcomes. Data from the National Survey of Children's Health 2017 clearly shows that not only is this a major issue in Delaware but also throughout the U.S. This is evident in the percentage of children ages 3 to 17 in the state of Delaware (40.3%) who needed mental/behavioral health treatment but did not receive it, compared to the U.S. (51.4%) and the Healthy People 2020 goal (24.2%).
- **Substance Use/Misuse:** Substance use/misuse was another area that was prioritized under health behaviors, access and outcomes. According to the Youth Risk Behavior Surveillance System 2017, youth (grades 9–12) in Delaware were significantly more likely to be current users of marijuana (26.1%) as compared to U.S. youth (19.8%). The same survey showed that Delaware youth were more likely to be currently binge drinking (14.9%) as compared to U.S. youth (13.5%).
- **Weight/Healthy Eating/Physical Activity:** Weight, healthy eating and physical activity emerged as a top concern amongst those surveyed. Among youth grades 9–12, 31.7% in Delaware reported they were overweight or obese compared to 30.4% in the U.S., per the Youth Risk Behavior Surveillance Survey 2017. Also from the same survey among youth grades 9–12, 23.6% in Delaware watched TV for three or more hours per day, significantly higher than the 20.7% who did so nationwide.

- **Mental Health/Trauma:** Mental health/trauma was raised as a top priority area among many of those surveyed. Among Delaware children ages 0–17, 22.2% were noted to have two or more adverse childhood experiences as compared to 20.2% of children in the U.S., per the 2017 National Survey of Children's Health. According to the Youth Risk Behavior Surveillance Survey, among youth grades 9–12, 16.1% in Delaware reported seriously considering attempting suicide compared to 17.2% in the U.S.

KEY THEMES AND CONCLUSIONS

This assessment report develops a social, economic and health portrait of Nemours' priority communities. Through this assessment, several overarching themes and conclusions emerged:

- Nemours' priority communities are very diverse, with the greatest density and diversity in the city of Wilmington.
- There is a great deal of variation among Nemours' priority communities in income and poverty with residents in the city of Wilmington being some of the most adversely affected.
- In conjunction with income and poverty, housing-related issues were a prominent concern among those surveyed.
- Mental health, including access to mental health services, continues to be a top concern among community members.
- Given these identified needs, our two areas of focus will be mental health and exploration of social determinants of health.

Background

Overview of Nemours Children's Health System

Nemours Children's Health System is one of the largest integrated pediatric health systems in the United States, serving children in the Delaware Valley, Florida and Georgia, and, for select specialties, children from across the nation and around the world. Nemours is dedicated to our promise of treating all children as if they were our own by doing everything within our power to help children grow up to be healthy and reach their full potential.

In the Delaware Valley, Nemours provides comprehensive pediatric care at our nationally ranked, newly expanded hospital, Nemours/Alfred I. duPont Hospital for Children. Through Nemours duPont Pediatrics, we offer families access to primary and specialty care in Delaware, Pennsylvania and New Jersey; in 2018, we provided nearly 660,000 outpatient visits in these locations. As Delaware's only Level 1 Pediatric Trauma Center, we have reduced child deaths from injuries and contributed to statewide injury prevention initiatives.

The mission of Nemours is to provide leadership, institutions and services to restore and improve the health of children through care and programs not readily available, with one high standard of quality and distinction regardless of the recipient's financial status. Nemours is committed to providing patient- and family-centered health care; educating the next generation of health care providers through a variety of education affiliations; offering extensive online and in-person continuing medical education; providing health and wellness information for kids, teens, parents and educators via KidsHealth.org; and offering families 24/7 access to virtual consults with Nemours pediatricians via mobile or computer devices.

Nemours has been recognized as a model of, and an advocate for, transforming the pediatric health care system from a focus on sickness to a focus on wellness, often in collaboration with community and health care partners. Nemours leaders and Associates serve on numerous boards of organizations addressing health and children's issues, and a wide range of community organizations also receive sponsorship support from Nemours as part of our commitment to support those who support children. Nemours is also focused on bringing our standard of care — and better health — into local communities and does so not only by providing both primary and specialty care in sites throughout the region, but also by continuously seeking answers to the most vexing problems in children's health.

Our researchers look for and find novel treatments for complex childhood conditions and our population health and prevention specialists work to reverse long-standing patterns of unhealthy behavior across our communities.

Summary of Previous Community Health Needs Assessment

This 2016 Child & Adolescent Health Needs Assessment utilized a systematic, data-driven approach to determine the health status, behaviors and needs of children and adolescents in the service area of the Nemours/Alfred I. duPont Hospital for Children in Wilmington, Delaware. This assessment was conducted by Professional Research Consultants, Inc. (PRC) on behalf of the Nemours/Alfred I. duPont Hospital for Children.

The assessment incorporated data from both quantitative and qualitative sources. Quantitative data input included primary research (the PRC Child & Adolescent Health Survey) and secondary research (vital statistics and other existing health-related data). Qualitative data input included primary research gathered through an online key informant survey.

Purpose of Assessment

In 2019, Nemours Associates analyzed secondary data sources to assess the health needs of the community while taking into account input from the community and public health professionals. This report describes the process and findings of this effort.

In addition to fulfilling the requirement by the IRS Section H/Form 990 mandate, the Nemours CHNA process was conducted to achieve the following overarching goals:

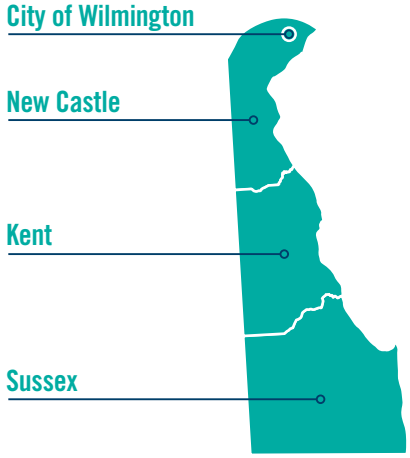
- Update the 2016 assessment and provide a comprehensive portrait of current child and family health needs and strengths within Nemours' targeted community served as described below
- Support more meaningful data collection to inform strategy within various Nemours departments
- Support a more community-engaged approach: Use existing data to determine needs, and focus efforts on the second stage, which entails getting community and stakeholder feedback on needs and potential solutions
- Explore collaboration and collective impact opportunities with other hospital systems; Healthy Neighborhoods sustainability strategies; state, county and city priorities; coalitions
- Integrate existing data collection efforts (CHNA, social determinants of health, Nemours Practice Profiles)

Definition of the Community Served

The community for the purposes of this needs assessment is defined as the residents of the three-county state of Delaware.

Delaware includes all communities within New Castle, Kent and Sussex counties. In addition, the city of Wilmington is a region within New Castle County that has been highlighted due to its unique demographic profile and the impact those variables can have on the health outcomes of its residents.

Counties



Methods

Approach and Engagement Process

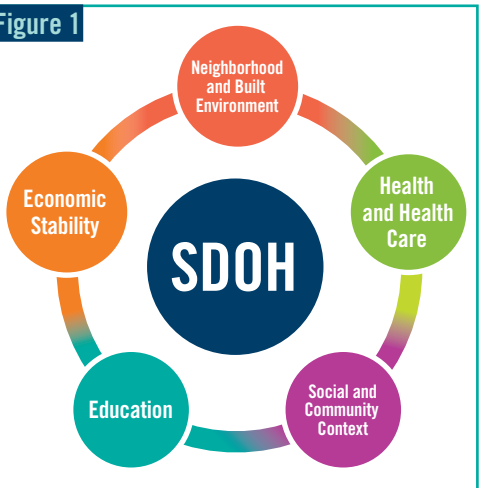
SOCIAL DETERMINANTS OF HEALTH FRAMEWORK

Healthy People 2020 defines social determinants of health (SDoH) as "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health)."

Understanding the relationship between how populations experience conditions (e.g., social, economic and physical) in differing environments and settings (e.g., school, church, workplace and neighborhood) and the impact those conditions have on health is fundamental to the SDoH framework – including both social and physical determinants. Healthy People 2020 developed five key areas of SDoH as a guiding framework (Figure 1). Each of these five areas represents a number of factors that impact a range of health risks and outcomes including, but not limited to:

- Socioeconomic conditions
- Food insecurity
- Transportation
- Air quality and exposure to toxins
- Housing and community design
- Quality of education and job training
- Access to educational, economic and occupational opportunities
- Availability of community-based resources
- Social support and relationships
- Access to mass media and emerging technologies
- Language/literacy
- Exposure to crime, violence and social disorder
- Public safety and stability
- Access to services

Figure 1



Traditionally, communities with poor SDoH experience significant health disparities. According to the Centers for Disease Control and Prevention (CDC), by applying what we know about SDoH across governmental agencies, community organizations and health systems, we can improve health and advance health equity (**https://www.cdc.gov/socialdeterminants/index.htm**).

ACKNOWLEDGEMENT OF EXISTING COMMUNITY WORK

Acknowledging all of the work that groups and communities have already done, we reviewed and categorized key areas of focus in existing needs assessments, reports and strategic plans.

Reviewed Reports, Assessments and Plans

Statewide

- Delaware Child Death Review Commission 2017
- Delaware State Health Needs Assessment & State Health Improvement Plan Recommendations Report 2017
- Behavioral Health Consortium 3-Year Action Plan
- Delaware Primary Care Health Needs Assessment 2015
- Delaware Healthy Mother & Infant Consortium 1- and 3-Year goals
- Delaware State Housing Authority Consolidated Plan
- Reducing Infant Mortality By Improving Women's Health Focus Group Executive Summary
- 2017 State Health Needs Assessment
- 2018 Delaware Title V Stakeholder Survey Results
- Delaware Developmental Framework for Trauma-Informed Care

Kent County

- Restoring Central Dover Executive Summary

Wilmington

- Eastside Rising Blueprint Community
- Elevated Rates of Urban Firearm Violence and Opportunities for Prevention – Wilmington, Delaware
- Accelerating Youth Violence Prevention & Positive Development
- Eastside Blueprint Community Strategic Plan
- The Edgemoor Community Revitalization Plan
- Northeast Wilmington Community Revitalization Plan
- A Residential Survey of Environmental Concern and Attitudes Towards Relocation, Rezoning and Revitalization in Two New Castle County, DE Communities: Eden Park and Hamilton Park
- U.S. EPA Brownfields Area Wilmington – Wide Planning Services
- Washington Heights Blueprint Community Revitalization Plan
- Wilmington Community Advisory Council Annual Report 2017
- Westside Grows Together Neighborhood Revitalization Plan
- Wilmington 2028 – A Comprehensive Plan

SUMMARY OF COMMONALITY ACROSS REPORTS

Top priorities by number of mentions:

Health Conditions, Behaviors and Access

- Mental health/trauma (10)
- Health care access (9)
- Substance use/misuse (5)
- Dental care access (4)
- Sexual/reproductive health (sexually transmitted infections (STI), birth control access) (4)
- Obesity/healthy eating/physical activity (3)
- Asthma/other respiratory conditions (2)
- Infant mortality/premature birth (1)

Social Determinants of Health (SDoH)

- Youth activities and opportunities (12)
- Housing (11)
- Community safety (10)
- Environment/Air Quality (10)
- Economic development/jobs (9)
- Community resources (8)
- Transportation (7)
- Education (7)
- Food (insecurity and access to healthy foods) (2)

STATEWIDE REPORTS/PLANS

- Focused more heavily on health conditions, behavior and access than SDoH
- Greatest emphasis was on mental health/trauma followed by health care access

LOCAL REPORTS/PLANS

- Wilmington and Kent County placed a greater focus on SDoH with the greatest emphasis on youth activities/ opportunities, followed by housing and community safety.

Secondary Data Collection

In an effort to develop a social, economic and health portrait of Nemours' priority communities, existing data drawn from the most up-to-date national, state and local sources were reviewed. Sources of data included the American Community Survey, National Survey of Children's Health, Youth Risk Behavior Surveillance System data, among others. Types of data included self-report of health behaviors from large, population-based surveys such as the Youth Risk Behavior Surveillance System, as well as vital statistics. It should be noted that in these existing reports and datasets, data on race and ethnicity were gathered through self-report.

Secondary data were collected from a variety of sources to present community demographics, social and economic factors, health access, birth characteristics, chronic disease and health behaviors. Analysis was conducted using data from:

- The annual American Community Survey, conducted by the U.S. Census Bureau, provides vital information about our nation and its people.
- The County Health Rankings Program provides data measuring vital health factors in nearly every county in America.
- Delaware Health Tracker, an initiative of Delaware hospitals, is coordinated by the Delaware Healthcare Association. Health Tracker provides data to help communities set goals and evaluate progress. Delaware Health Tracker data are updated whenever source data are updated.
- CDC 500 Cities Project is a collaboration between the CDC, the Robert Wood Johnson Foundation and the CDC Foundation. The purpose of the 500 Cities Project is to provide city- and census tract-level small area estimates for chronic disease risk factors, health outcomes and clinical preventive services use for the largest 500 cities in the United States.
- The National Survey of Children's Health provides rich data on multiple, intersecting aspects of children's lives — including physical and mental health, access to quality health care and the child's family, neighborhood, school and social context.
- The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults, including behaviors that contribute to unintentional injuries and violence; sexual behaviors related to unintended pregnancy and sexually transmitted diseases, including HIV infection; alcohol and other drug use; tobacco use; unhealthy dietary behaviors; and inadequate physical activity. YRBSS also measures the prevalence of obesity and asthma and other health-related behaviors plus sexual identity and sex of sexual contacts.
- Nemours Electronic Medical Record Data from office visits of Nemours primary care patients from October 2017 to September 2018.
- Calls to 2-1-1: Delaware (2018). Delaware 2-1-1 provides one central resource for access to the health and human service organizations that offer the support to make a difference.

Some data sets are cross-tabulated by geography using the designations of the city of Wilmington and non-urban New Castle County. This enables examination of differences that may exist between the urban core of the city of Wilmington and the non-urban areas of New Castle County that may otherwise be masked by county-wide data.

Primary Data Collection

ONLINE SURVEYS

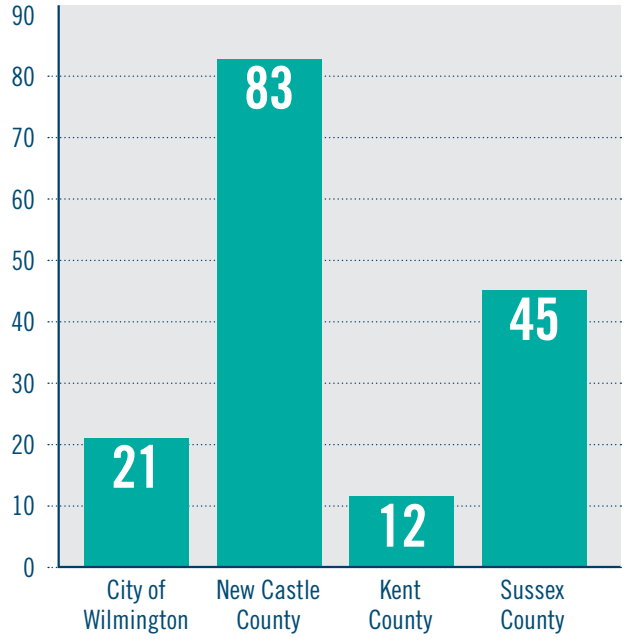
Primary data collection efforts included a brief survey administered to area residents (promoted April 1 – 14, 2019), Nemours patient families (fielded April 11 – 25, 2019), Delaware Division of Public Health staff (fielded April 5 – 15, 2019) and Delaware school nurses (fielded April 3 – 15, 2019). The survey was administered via a SurveyMonkey link sent to the various groups and promoted on Facebook for area residents to complete.

Survey data were collected from 161 community residents throughout the state of Delaware via a promoted post on Facebook and via e-newsletter to approximately 55,000 patient families through a SurveyMonkey link. The link was the same for both groups and therefore the data were combined.

Survey respondents were asked the following questions:

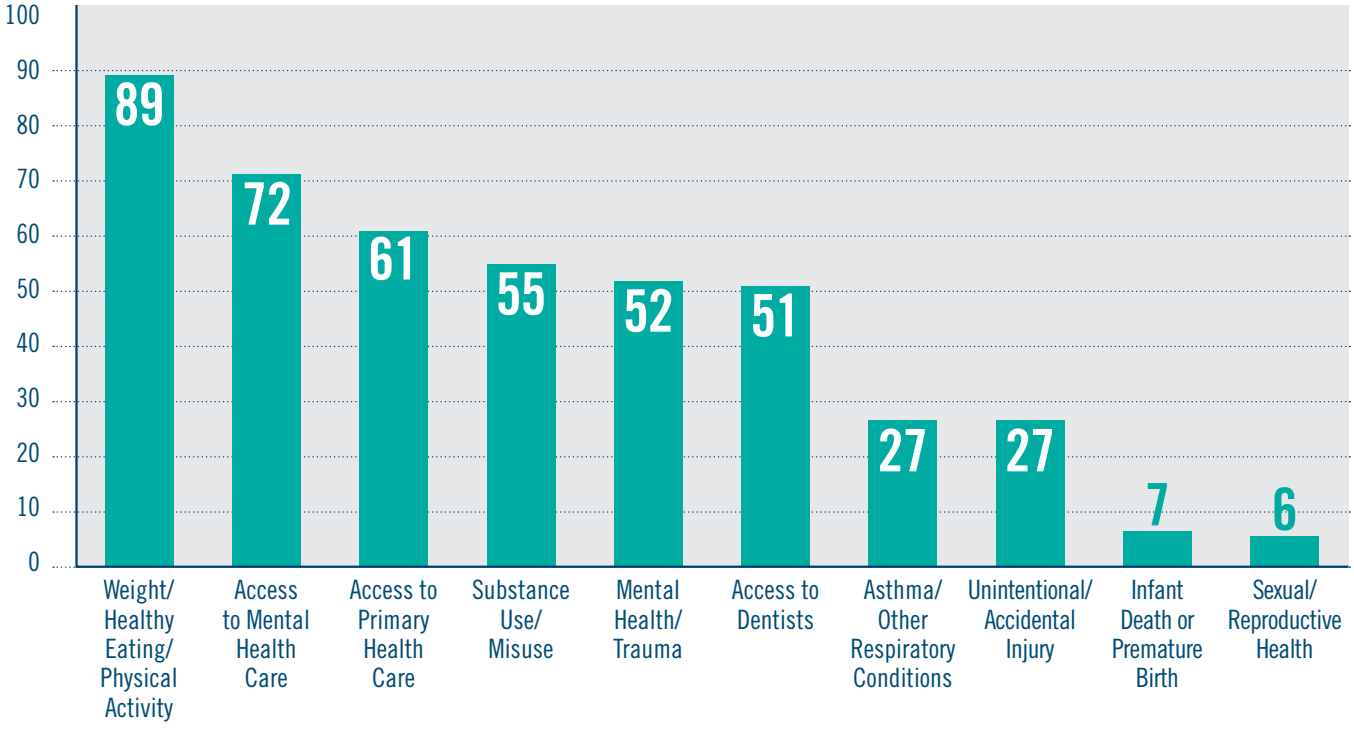
1. Where do you live?
2. Thinking about you, your family, friends and neighbors, which three things below are the biggest needs? (Healthcare Access, Behaviors and Outcomes)
3. Thinking about your neighborhood, which three things below are the biggest needs? (Social Determinants of Health)
4. Is there anything else you want us to know?

Figure 2: Where do you live? (Facebook & e-newsletter respondents)



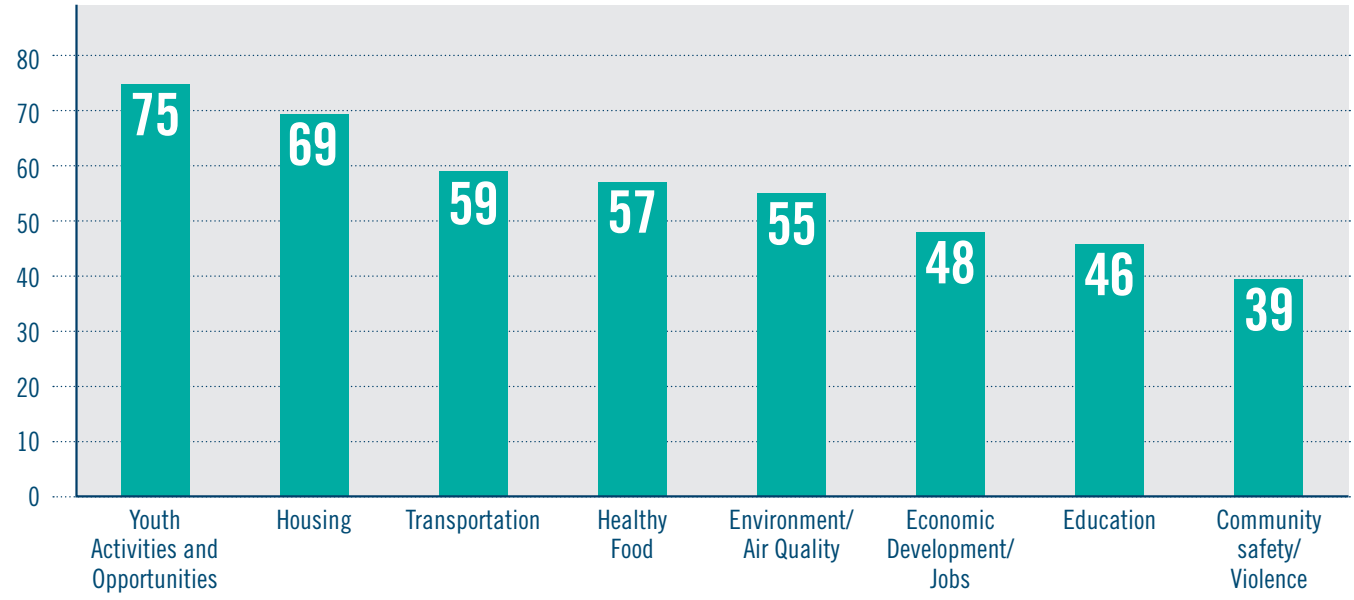
The majority of Facebook and e-newsletter respondents were residents of New Castle County (83), followed by Sussex County (45), the city of Wilmington (21) and Kent County (12).

Figure 3: Thinking about you, your family, friends and neighbors, which three things below are the biggest needs? (Healthcare Access, Behaviors and Outcomes) (Facebook and e-newsletter respondents)



When asked about the three biggest needs related to healthcare access, behaviors and outcomes, Facebook and e-Newsletter respondents cited weight/healthy eating/physical activity (89) as the number one concern, followed by access to mental health care (72), access to primary care (61) and substance use/misuse (55).

Figure 4: Thinking about your neighborhood, which three things below are the biggest needs? (Social Determinants of Health) (Facebook & e-newsletter respondents)



When asked about the three biggest needs related to social determinants of health, Facebook and e-Newsletter respondents noted youth activities and opportunities (75) as the number one concern, followed by housing (69), transportation, (59) and healthy food (57).

Facebook & e-newsletter respondents — Is there anything else you want us to know? (top responses are listed below)

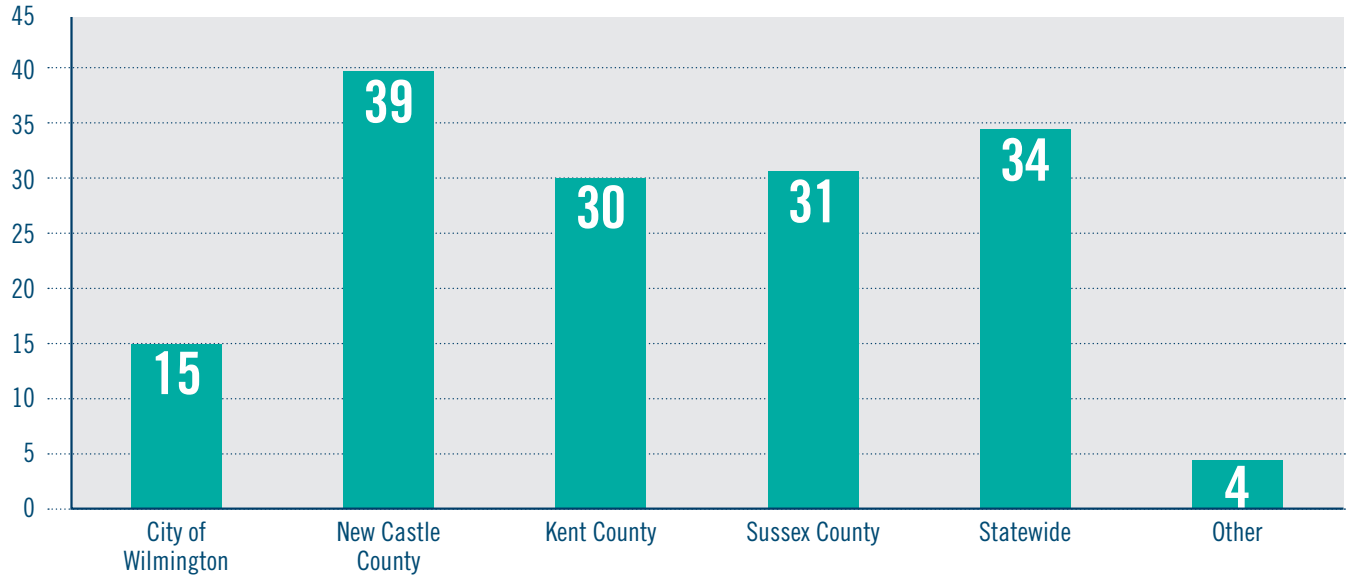
- Social/emotional health education
- Parent support groups
- Neighborhood cohesion
- Lack of community collaboration
- Lack of family support (Paid maternity/paternity leave)
- Resource education

Survey data were collected from 153 health professionals throughout the state of Delaware via a SurveyMonkey link sent via email to approximately 780 staff members of the Delaware Division of Public Health and to over 300 school nurses throughout the state of Delaware, including public, diocese, private and charter school nurses. The link was the same for both groups and therefore the data were combined.

Survey respondents were asked the following questions:

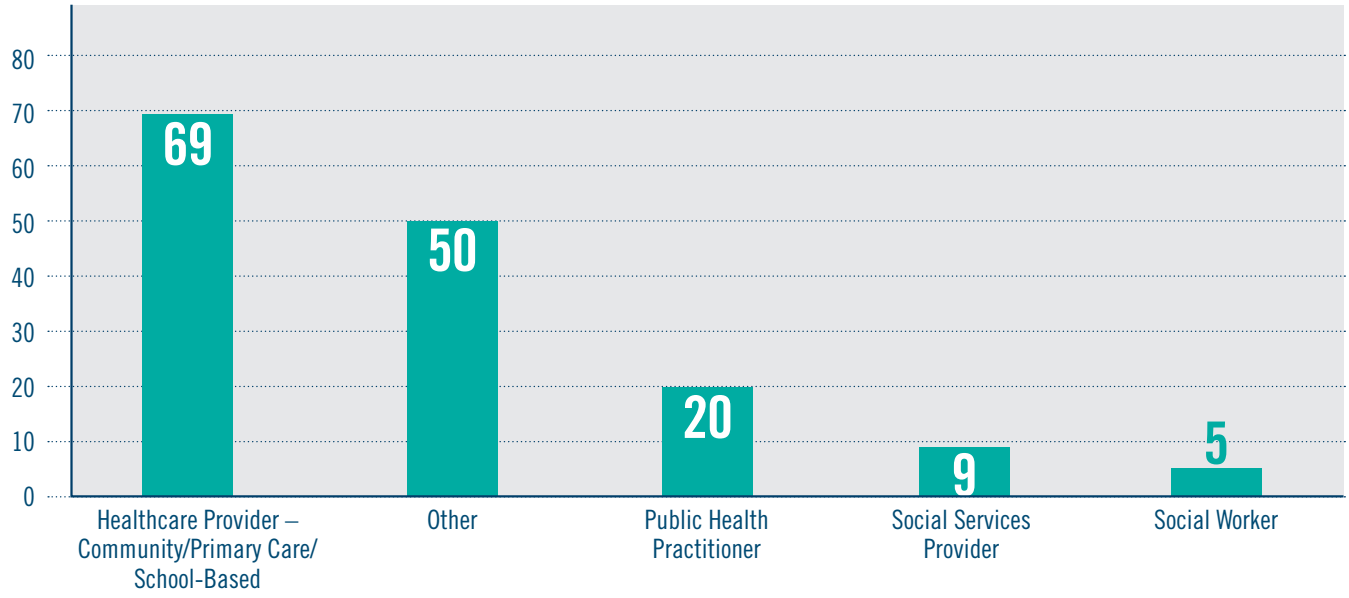
1. In which community do you work?
2. Which of the below options best describes your position? (Healthcare Provider, Public Health Practitioner, Social Worker, Social Services, Other)
3. Thinking about your patients/clients, which three categories below are the biggest needs? (Healthcare Access, Behaviors and Outcomes)
4. Thinking about the neighborhoods in which your patients/clients live, which three categories below are the biggest needs? (Social Determinants of Health)
5. Is there anything else you want us to know?

Figure 5: In which community do you work? (Health professionals)



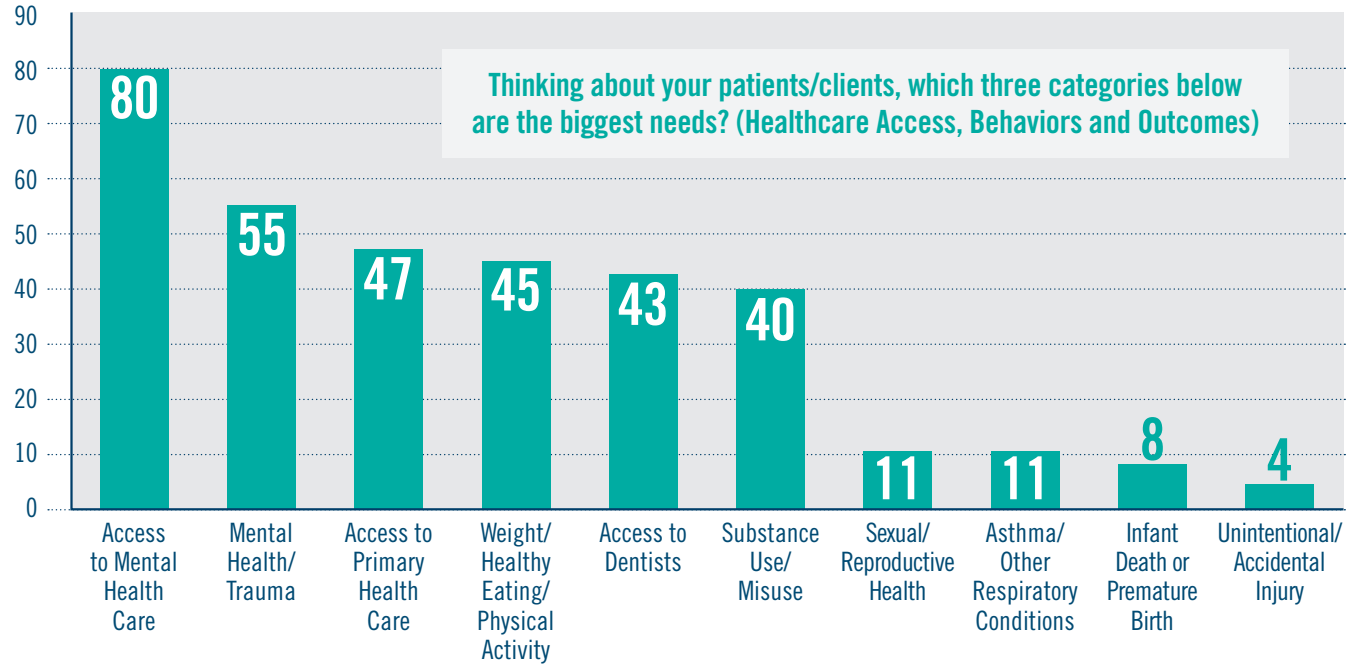
New Castle County (39) had the most health professionals respond to the survey, followed by statewide (34), Sussex County (31), Kent County (30) and the city of Wilmington (15).

Figure 6: Which of the below options best describes your position? (Healthcare Provider, Public Health Professional, Social Worker, Social Services, Other) (Health Professionals)



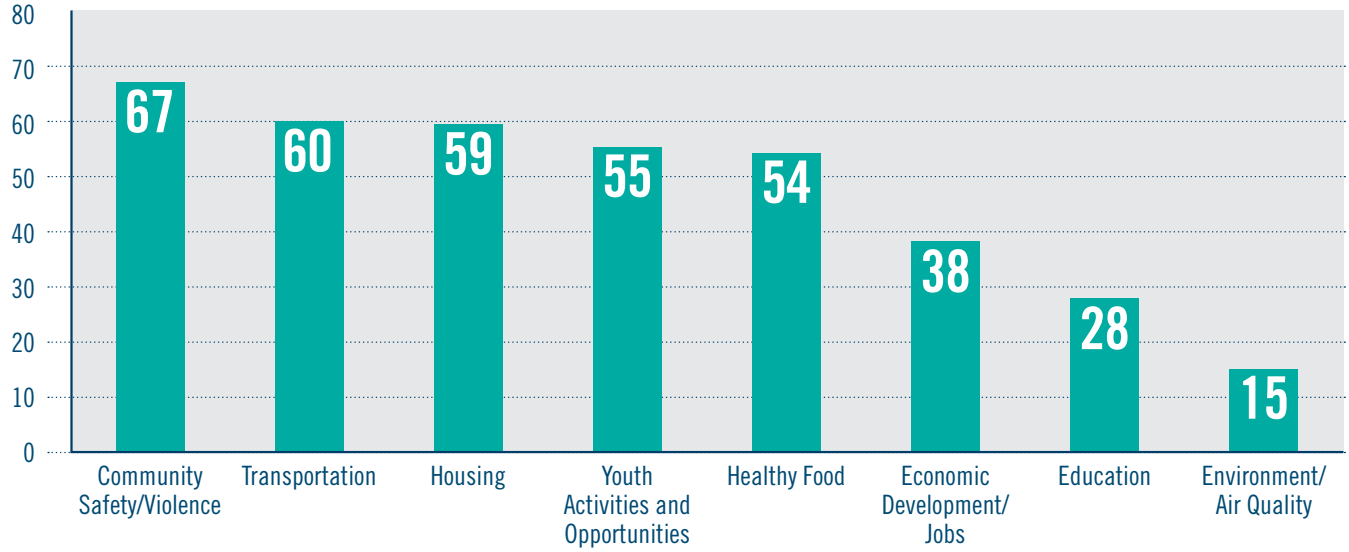
The majority of health professionals described themselves as healthcare provider-community/primary care/ school-based workers (69), followed by public health practitioner (20), social services provider (9) and social worker (5).

Figure 7: Thinking about your patients/clients, which three categories below are the biggest needs? (Healthcare Access, Behaviors and Outcomes) (Health Professionals)



When health professionals were asked about their patients'/clients' biggest needs, access to mental health care was cited as the top area (80), followed by mental health/trauma (55), then access to primary health care (47) and weight/healthy eating/physical activity (45).

Figure 8: **Thinking about the neighborhoods in which your patients/clients live, which three categories below are the biggest needs? (Social Determinants of Health) (Health Professionals)**



When health professionals were asked about their patients'/clients' biggest needs related to social determinants of health, community safety/violence (67), followed by transportation (60), housing (59) and youth activities and opportunities (55) were noted.

Health Professionals – Is there anything else you want us to know? (top responses are listed below)

- Need education on navigating the healthcare system
- Need in-home therapy
- Need more parental involvement/education
- Need more community health education
- Need incentives for health
- Lack of resources
- Increase of infectious diseases
- Lack of nurses
- Student apathy

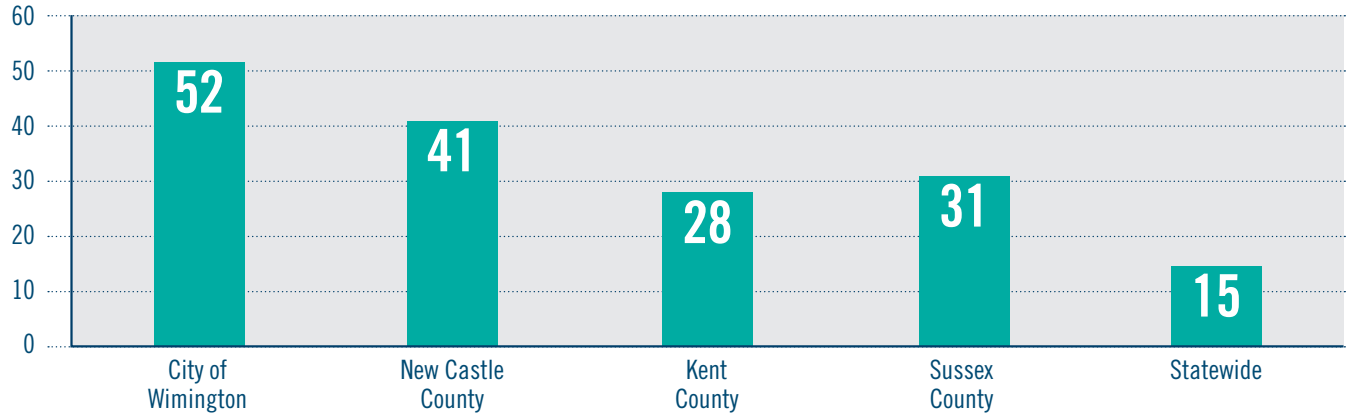
COMMUNITY MEETINGS

Data were also collected at in-person community meetings (February 27 to April 17, 2019). Existing data (Youth Risk Behavior Surveillance System, Behavioral Risk Factor Surveillance System, American Community Survey, National Survey of Children's Health, among others) were reviewed and compiled into a presentation that was given at 10 key stakeholder meetings across the state (n = 167). Stakeholders received a 15-minute presentation followed by 15 minutes for questions. After the presentation, attendees were given a survey to evaluate their prioritization of the community needs based on the data presented and their assessment of their community.

Participants were asked the following questions:

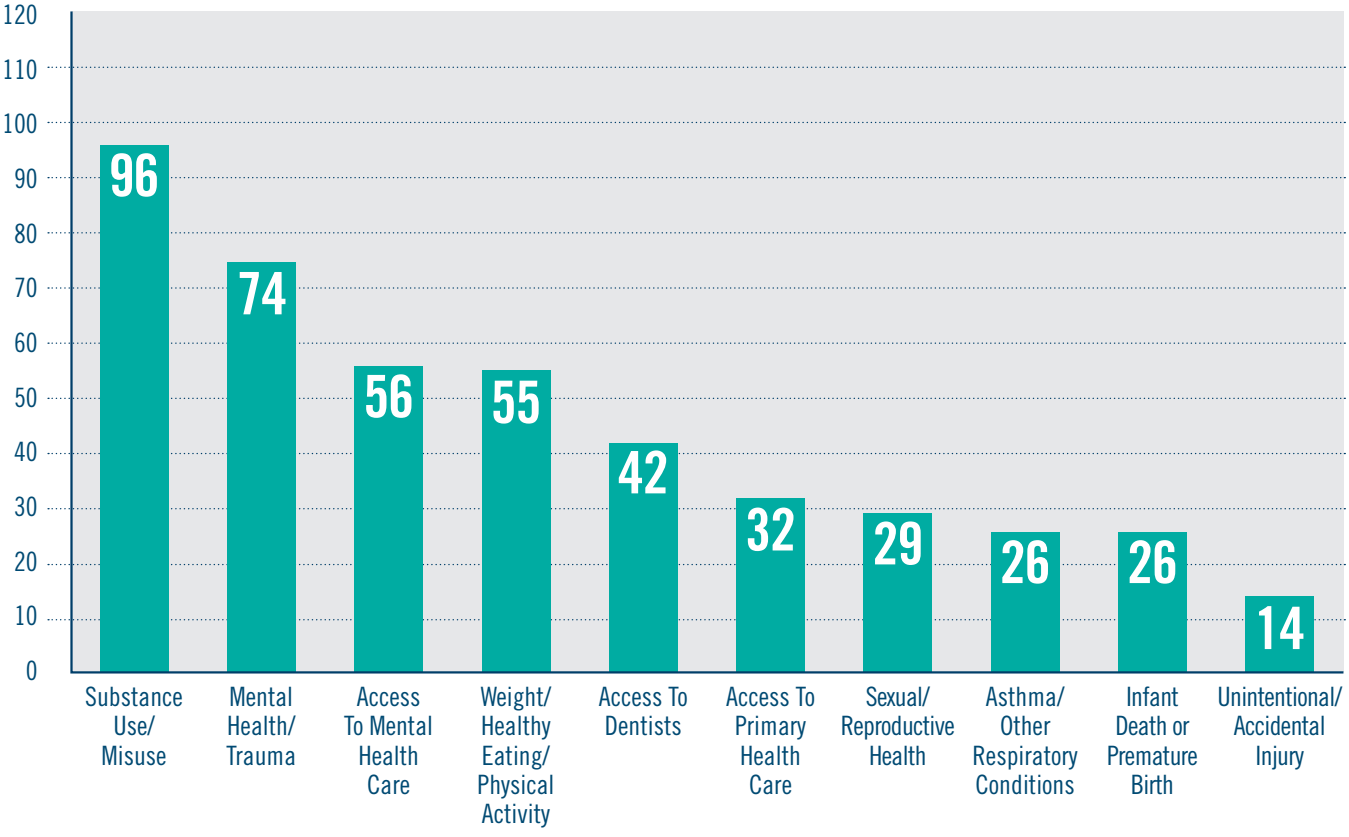
1. Which location are you providing feedback? (city of Wilmington, New Castle County (outside of Wilmington), Kent County, Sussex County, or Other)
2. Place an "X" in the rows of the three highest needs of your community. (Healthcare Access, Behaviors and Outcomes)
3. Place an "X" in the rows of the three highest needs of your community. (Social Determinants of Health)

Figure 9: Which location are you providing feedback? (Community Meetings)



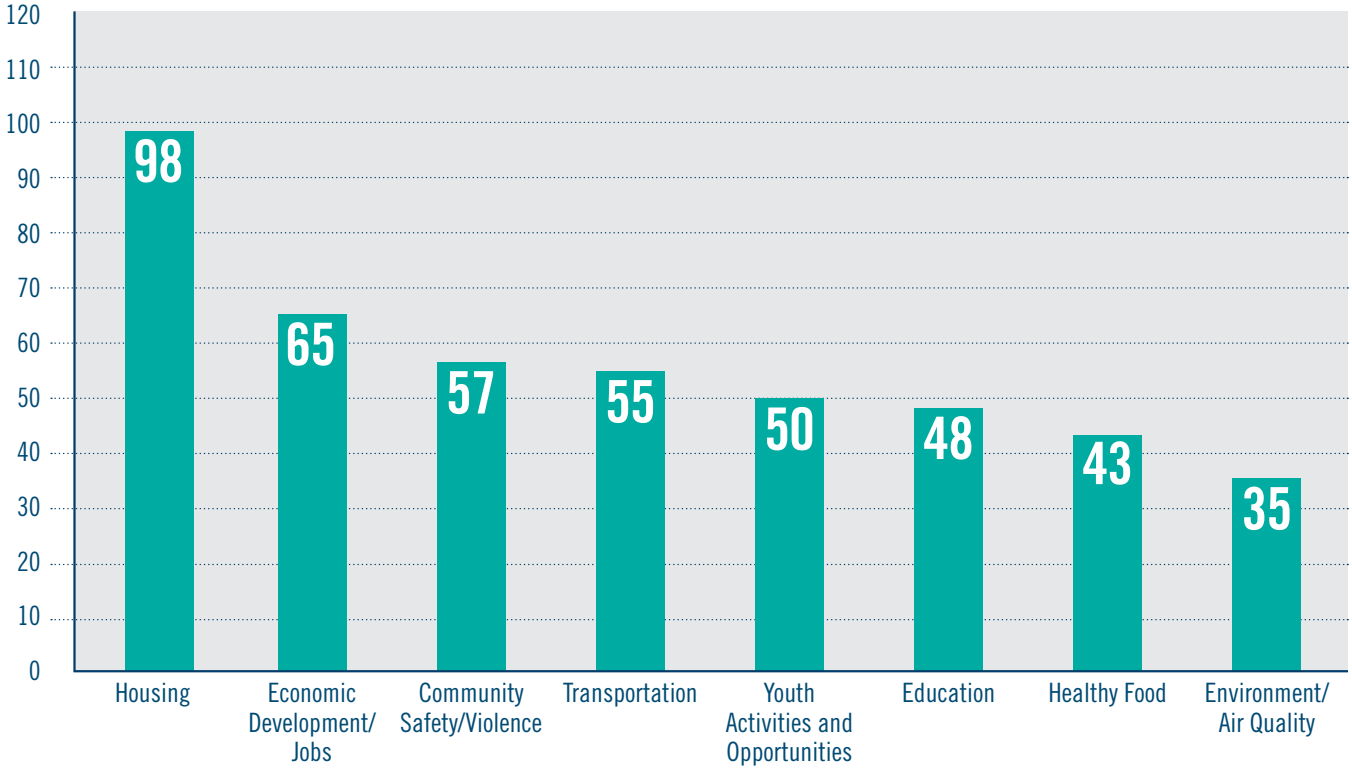
At community meetings, the majority of participants cited that they were providing feedback for the city of Wilmington (52), followed by New Castle County (41), Sussex County (31), Kent County (28) and statewide (15).

Figure 10: Place an "X" in the rows of the three highest needs of your community. (Healthcare Access, Behaviors and Outcomes) (Community Meetings)



In relationship to healthcare access, behaviors and outcomes, participants cited the top needs in their community as substance use/misuse (96), mental health/trauma (74), access to mental health care (56) and weight/healthy eating/physical activity (55).

Figure 11: **Place an "X" in the rows of the three highest needs of your community. (Social Determinants of Health) (Community Meetings)**



In regards to social determinants of health, participants noted that the top priority in their community was housing (98), followed by economic development/jobs (65), community safety/violence (57) and transportation (55).

Analyses

Although there were many similarities in the overall rankings throughout the state of Delaware and among the various groups, differences were observed from county to county, within the city of Wilmington and amongst the various groups as shown below.

Figure 12: Results for Delaware: Health Behaviors, Access and Outcomes

	Community Meetings (n=167)	Facebook & e-Newsletter (n=161)	Health Professionals (n=153)	Totals (n=481)	Ranking
Access To Mental Health Care	**56**	**72**	**80**	**208**	**1**
Substance Use/Misuse	**96**	**55**	**40**	**191**	**2**
Weight/Healthy Eating/Physical Activity	**55**	**89**	**45**	**189**	**3**
Mental Health/Trauma	**74**	**52**	**55**	**181**	**4**
Access To Primary Health Care	32	61	47	140	5
Access To Dentists	42	51	43	136	6
Asthma/Other Respiratory Conditions	26	27	11	64	7
Sexual/Reproductive Health	29	6	11	46	8
Unintentional/Accidental Injury	14	27	4	45	9
Infant Death or Premature Birth	26	7	8	41	10

Overall, among health behaviors, access and outcomes, access to mental health care was the top area of concern (n=208). This was ranked number one among health professionals (n=80), number two among community members via Facebook and e-Newsletter (n=72) and number three among community members at community meetings (n=56). The second overall concern was substance use/misuse (n=191). This was ranked number one among community members at community meetings (n=96), number four among community members via Facebook and e-Newsletter (n=55) and number six among health professionals (n=40). The third overall concern was weight/healthy eating/physical activity (n=189). This was ranked number one among community members via Facebook and e-Newsletter (n=89), number four among health professionals (n=45) and number four among community members at community meetings (n=55). The fourth overall concern was mental health/trauma (n=181). This was ranked number two among community members at meetings (n=74) and health professionals (n=55) and number five among community members via Facebook and e-Newsletter (n=52).

Figure 13: Comparison: Health Behaviors, Access and Outcomes

	Delaware (n=481)	New Castle County (n=163)	Wilmington (n=88)	Kent County (n=69)	Sussex County (n=107)
Access To Mental Health Care	1	2	3	1	1
Substance Use/Misuse	2	4	2	2	3
Weight/Healthy Eating/Physical Activity	3	1	4	5	2
Mental Health/Trauma	4	3	1	6	5
Access To Primary Health Care	5	5	6	3	6
Access To Dentists	6	6	5	3	4
Asthma/Other Respiratory Conditions	7	7	7	7	8
Sexual/Reproductive Health	8	9	9	7	7
Unintentional/Accidental Injury	9	8	10	7	8
Infant Death or Premature Birth	10	10	8	10	10

Overall, among health behaviors, access and outcomes, access to mental health care was the top area of concern. This was ranked number one among residents of Kent and Sussex Counties, number two among residents of New Castle County and number three among residents in Wilmington. The second overall concern was substance use/misuse. This was ranked number two among residents in Wilmington and Kent County, number three among residents in Sussex County and number four among residents in New Castle County. The third overall concern was weight/healthy eating/physical activity. This was ranked number one among residents of New Castle County, number two among residents of Sussex County, number four among residents in Wilmington and number five among residents in Kent County. The fourth overall concern was mental health/trauma. This was ranked number one among residents in Wilmington, number three among residents in New Castle County, number five among residents of Sussex County and number six among residents of Kent County.

Figure 14: Results for Delaware: Social Determinants of Health

	Facebook & e-Newsletter (n=161)	Community Meetings (n=167)	Health Professionals (n=153)	Totals (n=481)	Ranking
Housing	**69**	**98**	**59**	**226**	**1**
Youth Activities and Opportunities	**75**	**50**	**55**	**180**	**2**
Transportation	**59**	**55**	**60**	**174**	**3**
Community Safety/Violence	**39**	**57**	**67**	**163**	**4**
Healthy Food	57	43	54	154	5
Economic Development/Jobs	48	65	38	151	6
Education	46	48	28	122	7
Environment/Air Quality	55	35	15	105	8

Overall, among SDoH, housing was the top area of concern (n=226). This was ranked number one among community members at meetings (n=98), number two among community members via Facebook and e-Newsletter (n=69) and number three among health professionals (n=59). The second overall concern was youth activities and opportunities (n=180). This was ranked number one among community members via Facebook and e-Newsletter (n=75), number four among health professionals (n=55) and number five among community members at meetings (n=50). The third overall concern was transportation (n=174). This was ranked number two among health professionals (n=60), number three among community members via Facebook and e-Newsletter (n=59) and number four among community members at community meetings (n=55). The fourth overall concern was community safety/violence (n=163). This was ranked number one among health professionals (n=67), number three among community members at meetings (n=57) and number eight among community members via Facebook and e-newsletter (n=39).

Figure 15: Comparison: Social Determinants of Health

	Delaware (n=481)	New Castle County (n=163)	Wilmington (n=88)	Kent County (n=69)	Sussex County (n=107)
Housing	**1**	**3**	**2**	**1**	**1**
Youth Activities and Opportunities	**2**	1	5	**3**	**3**
Transportation	**3**	6	8	**2**	**2**
Community Safety/Violence	**4**	5	**1**	6	6
Healthy Food	5	**2**	**3**	**4**	5
Economic Development/Jobs	6	8	**4**	5	**4**
Education	7	7	6	6	8
Environment/Air Quality	8	**4**	7	8	7

Overall, among SDoH, housing was the top area of concern. This was ranked number one among residents in Kent and Sussex Counties, number two among residents in Wilmington and number three among residents in New Castle County. The second overall concern was youth activities and opportunities. This was ranked number one among residents in New Castle County, number three among residents in Kent and Sussex Counties and number five among residents in Wilmington. The third overall concern was transportation. This was ranked number two among residents in Kent and Sussex Counties, number six among residents in New Castle County and number eight among residents in Wilmington. The fourth overall concern was community safety/violence. This was ranked number one among residents in Wilmington, number five among residents in New Castle County and number six among residents in Kent and Sussex Counties.

Limitations

GENERAL LIMITATIONS OF CHNA RESEARCH METHODS

As with all research efforts, there are several limitations related to this CHNA's research methods that should be acknowledged. It should be noted that for the secondary data analyses in several instances current neighborhood level data were not available. Data based on self-reports should be interpreted with particular caution. In some instances, respondents may over- or underreport behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall bias — that is, they may attempt to answer accurately but remember incorrectly.

Additionally, while the surveys conducted for this CHNA provide valuable insights, results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. Recruitment for prioritization groups was conducted by Nemours Associates, and participants were those individuals already involved in community programming. Because of this, it is possible that the responses received only provide one perspective of the issues discussed.

Moving forward, areas of focus should be clearly and consistently defined prior to prioritization meetings. While this information was paraphrased during each meeting, the definitions were not provided up front to ensure the validity and reliability of responses.

Lastly, it is important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

Data Findings

KEY

Orange border = (1) a number higher than DE/US/County comparisons; or, (2) a large difference by population or geography; or, (3) a large population is affected.

Red border = statistically significant

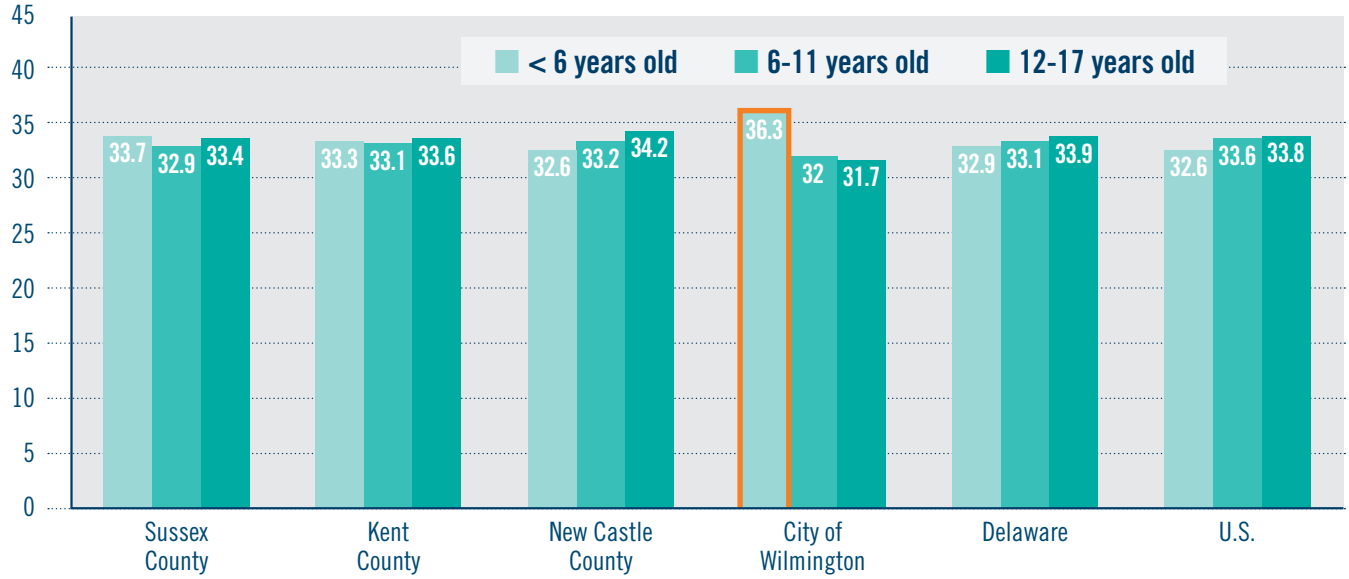
Obtaining information from multiple sources, known as triangulation, helps provide context for information and allows researchers to identify results which are consistent across more than one data source. The following section includes both primary and secondary and quantitative and qualitative data to provide a comprehensive snapshot of the population in Delaware.

Community Social and Economic Context

DEMOGRAPHIC CHARACTERISTICS

Overall, Delaware has a fairly even distribution of youth, with young children (<6 years old), adolescents (6-11 years old), and teens (12-17 years old) each representing around one-third (33%) of the total population under age 18.

Figure 16: Percent of Children Under Age 18 by County and City of Wilmington, Delaware, 2012–2016



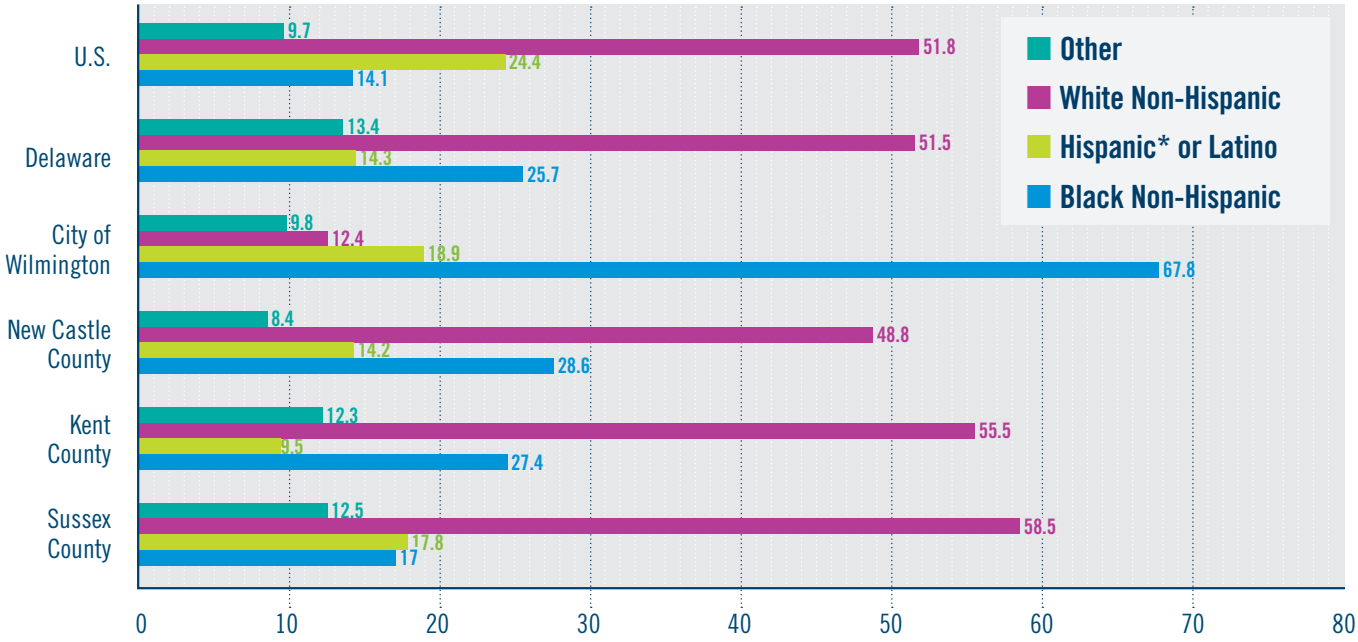
Source: U.S. Census Bureau. American Community Survey. Five-year estimates 2012-2016.

**Persons of Hispanic origin may be of any race.*

Below the state level, the city of Wilmington has the largest population of young children (36.3%), while New Castle County as a whole has the largest teen (34.2%) and adolescent (33.2%) populations.

Delaware is a racially and ethnically diverse state, with a higher percentage of Black residents (25.7%) and other race/ethnicity (13.4%), when compared to the U.S. as a whole (14.1% and 9.7%, respectively).

Figure 17: Percent Race and Ethnicity of Children Under Age 18 by County and City of Wilmington, Delaware, 2012-2016



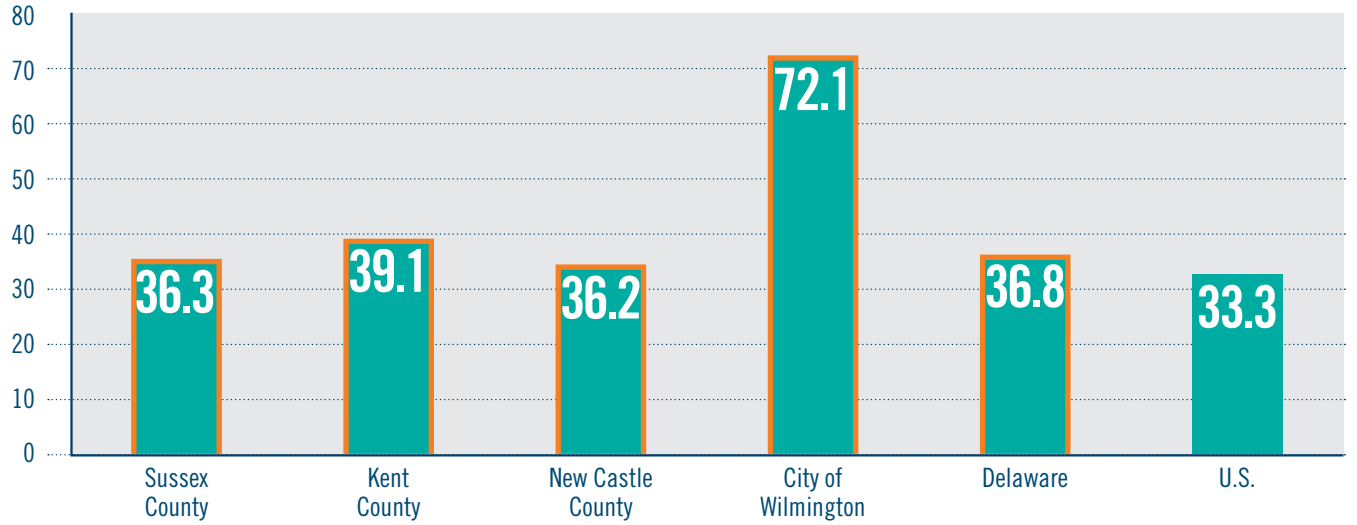
Source: U.S. Census Bureau. American Community Survey. Five-year estimates 2012-2016.

**Persons of Hispanic origin may be of any race*

Sussex County has the largest percentage of white residents (58.5%), while the city of Wilmington has the lowest percentage (12.4%). There are similar proportions of Black residents in New Castle (28.6%) and Kent (27.4%) counties. However, the city of Wilmington has the largest percentage of Black (68%) and Hispanic or Latino (18.9%) residents.

Over one-third (36.8%) of households in Delaware are run by a single parent, which is slightly higher than the U.S. overall (33.3%).

Figure 18: Percent of Single-Parent Households by County and City of Wilmington, Delaware, 2013-2017



Source: U.S. Census Bureau. American Community Survey. Five-year estimates (2013-2017).

New Castle and Sussex counties have similar proportions of single-parent households (36.2% and 36.3%, respectively), and Kent County is slightly higher (39.1%). However, nearly three-quarters (72.1%) of households in Center City Wilmington are run by a single parent.

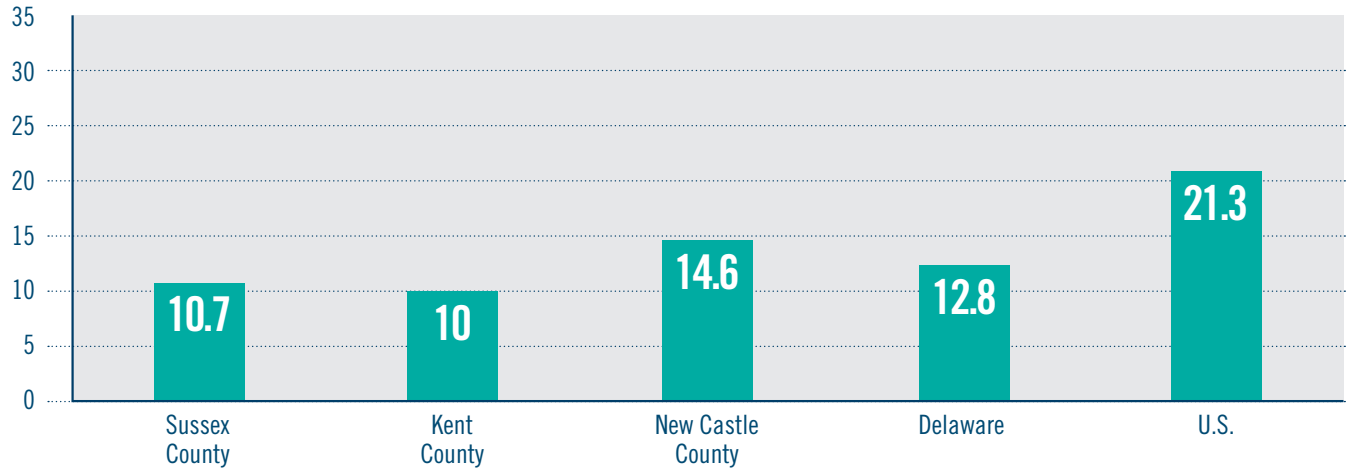
Public service professionals unanimously emphasized the need for greater parental support and guidance, as well as accountability, noting that parental apathy/lack of involvement is the biggest obstacle to a child's ability to thrive in the education system. Support for struggling single parents is an important variable to consider.

> *"Families need more support. Good after-school programs, paid maternity and paternity leave for everyone, not only state employees..."*
>
> – Community member

> *"More and more families would like the opportunity to raise their own children, but we are continually being pushed to send kids to daycare and preschool at earlier ages. Families are being forced into this situation by the cost of housing and increased taxation."*
>
> – Community member

Nearly 13% of Delawareans report some language other than English being spoken in their home, compared to 21.3% nationwide.

Figure 19: Percent of Population Age 5 and Older with Language Other than English Spoken at Home by County, Delaware, 2013-2017



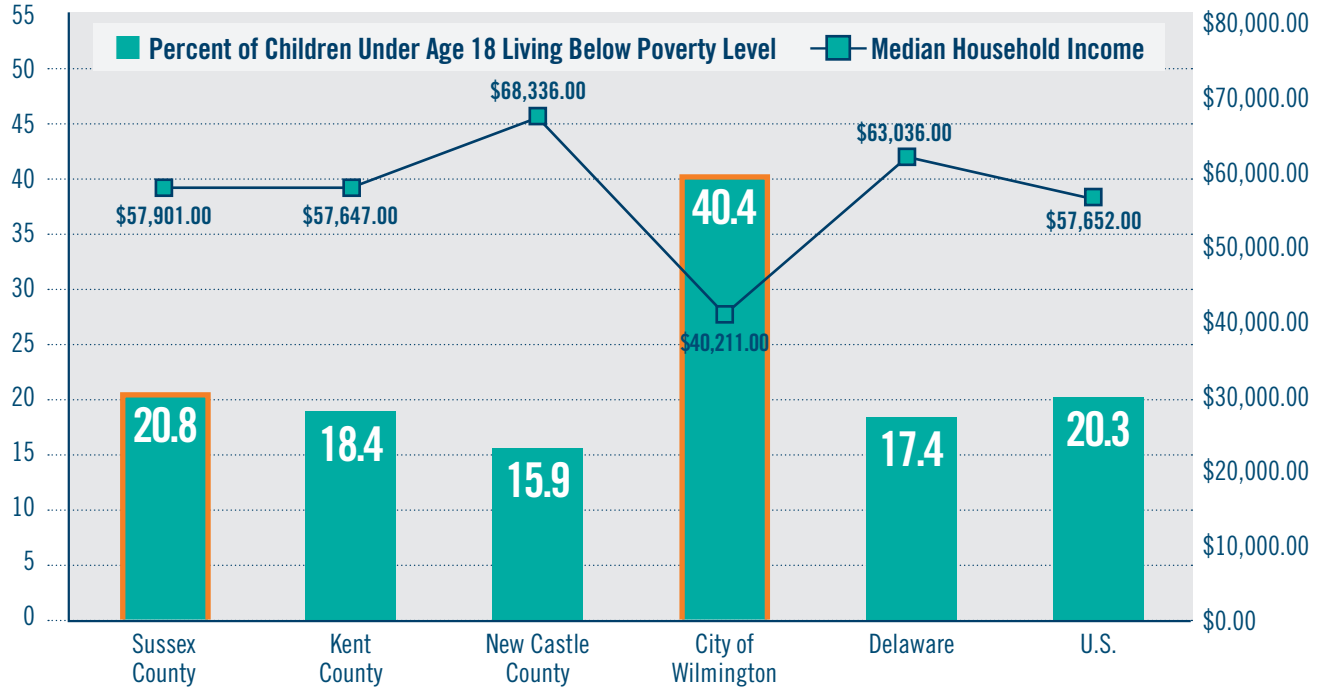
Source: U.S. Census Bureau. American Community Survey. Five-year estimates (2013-2017).

New Castle County has the highest percentage of the population who lives in a home in which a language other than English is spoken (14.6%), followed by Sussex (10.7%) and Kent (10%) counties.

INCOME AND POVERTY

Nearly 1 in 5 (17.4%) children in Delaware live below the poverty level. The median household income in the state is about $63,000 per year.

Figure 20: Children Living Below Poverty Level and Median Household Income by County and City of Wilmington, Delaware, 2013-2017



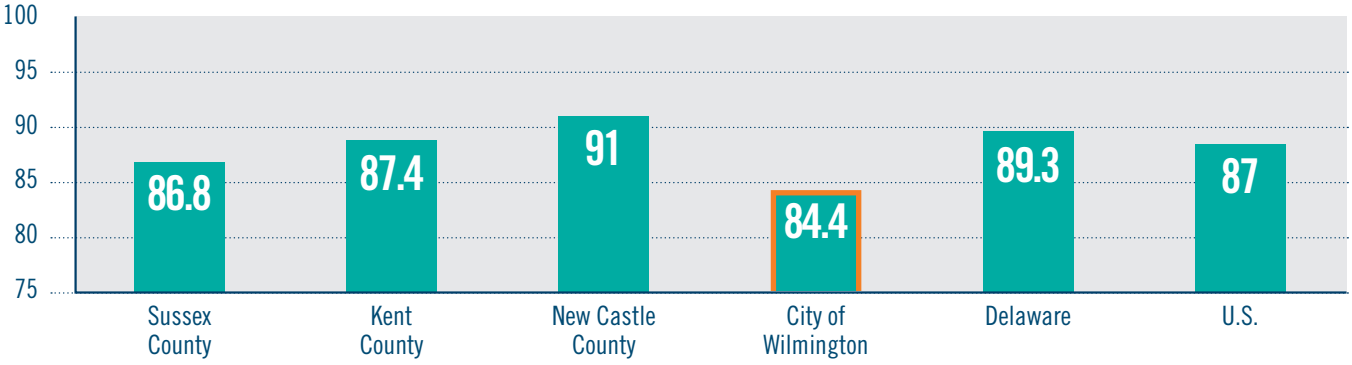
Source: U.S. Census Bureau. American Community Survey. Five-year estimates (2013-2017).

The proportion of children living below the poverty level ranges from 15.9% in New Castle County overall, to over 40% in the city of Wilmington. Similarly, the highest median household income is in New Castle County overall ($68,000) and the lowest is in the city of Wilmington ($40,000).

EDUCATION

Eighty-nine percent of Delaware residents age 25 and older have at least a high school degree, compared to 87% nationwide.

Figure 21: Percent of Population Age 25 and Older with a High School Degree or Higher by County and City of Wilmington, Delaware, 2013-2017



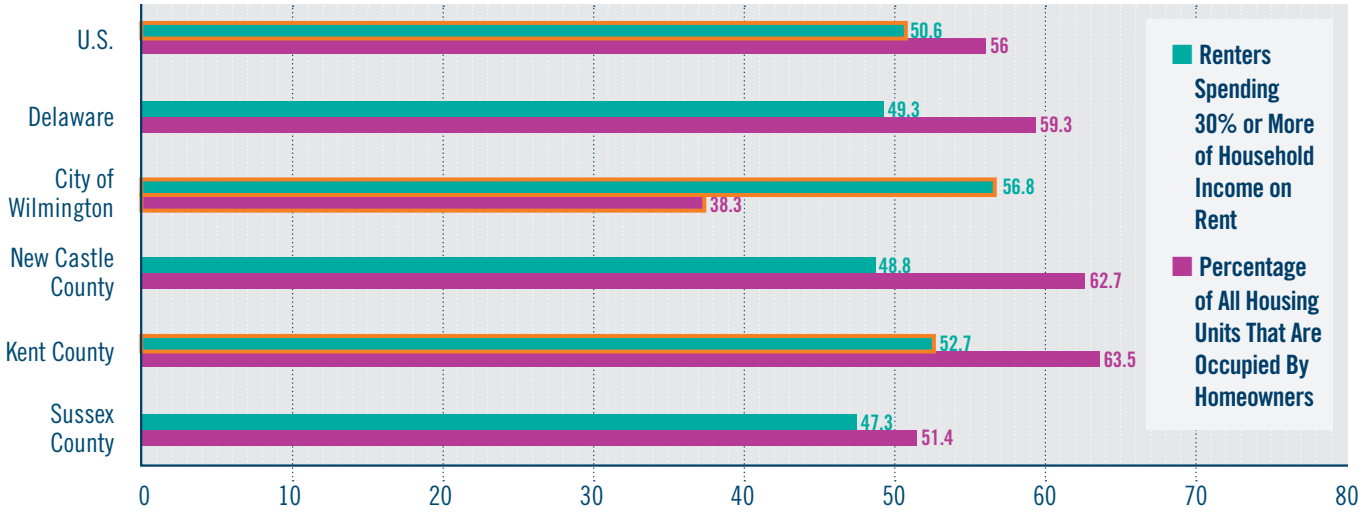
Source: U.S. Census Bureau. American Community Survey. Five-year estimates (2013-2017).

New Castle County as a whole has the highest proportion of adults age 25 and over with a high school degree or higher (91%), followed by Kent (87.4%) and Sussex (86.8%) counties. The city of Wilmington has the lowest percentage of adults with a high school degree or higher (84.4%).

HOUSING AND ENVIRONMENT

The majority of Delawareans are homeowners (59.3%), consistent with national rates (56%). Close to half (49.3%) of Delaware residents who rent their homes are spending 30% or more of their household income on their rent payments.

Figure 22: Percent of Homeownership and Renter Expenditures by County and City of Wilmington, Delaware, 2013-2017

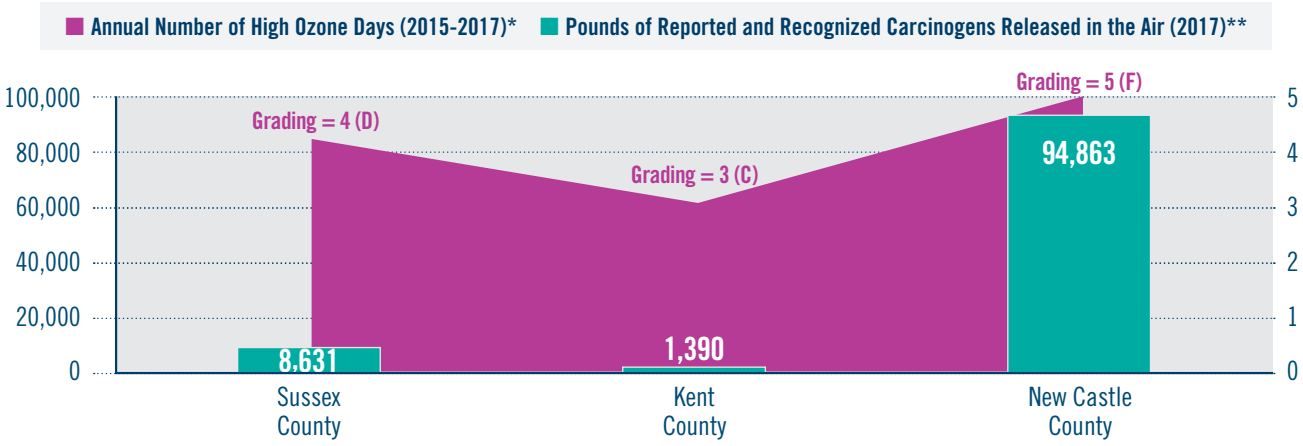


Source: U.S. Census Bureau. American Community Survey. Five-year estimates (2013-2017).

At the county level, Sussex has the lowest percentage (51.4%) of homeownership, although still representing the majority. Kent County has the highest percentage of homeownership in Delaware at 63.5%. The majority of residents in the city of Wilmington do not own their homes, with just nearly two in five (38.3%) reporting home ownership. However, the city of Wilmington has the largest proportion of people (56.8%) spending 30% or more of their household income on rent.

Annual ozone quality is measured by the annual number of high ozone days. Each county in the U.S. is assigned a grade – 1 or A being the best and 5 or F being the worst.

Figure 23: Annual Ozone Air Quality and Recognized Carcinogens in the Air by County, Delaware, 2015-2017



Source(s): American Lung Association (2015-2017). U.S. Environmental Protection Agency, 2017.

Annual Ozone Air Quality represents a grade given to each county in the U.S. based on the annual number of high ozone days with a grade of **1 (A) being the best and 5 (F) being the worst.*

***Recognized carcinogens are compounds with strong scientific evidence that they can induce cancer. Due to the higher industrial frequency in New Castle County, the number is substantially higher. Generally, workplace exposures are considered to be at higher levels than public exposures. These data only reflect releases of chemicals, not whether (or to what degree) workers or the public has been exposed to those chemicals.*

No county in the state of Delaware received an A or B grading. New Castle County received an F, followed by Sussex and Kent counties that received a D and C grading, respectively. Due to the higher industrial frequency in New Castle County, the air quality is expectedly worse than that of Sussex and Kent counties. However, New Castle County has a reported 94,863 pounds of recognized carcinogens in the air, which is nearly 11 times higher than Sussex County (8,631 pounds) and a staggering 68 times higher than Kent County (1,390 pounds).

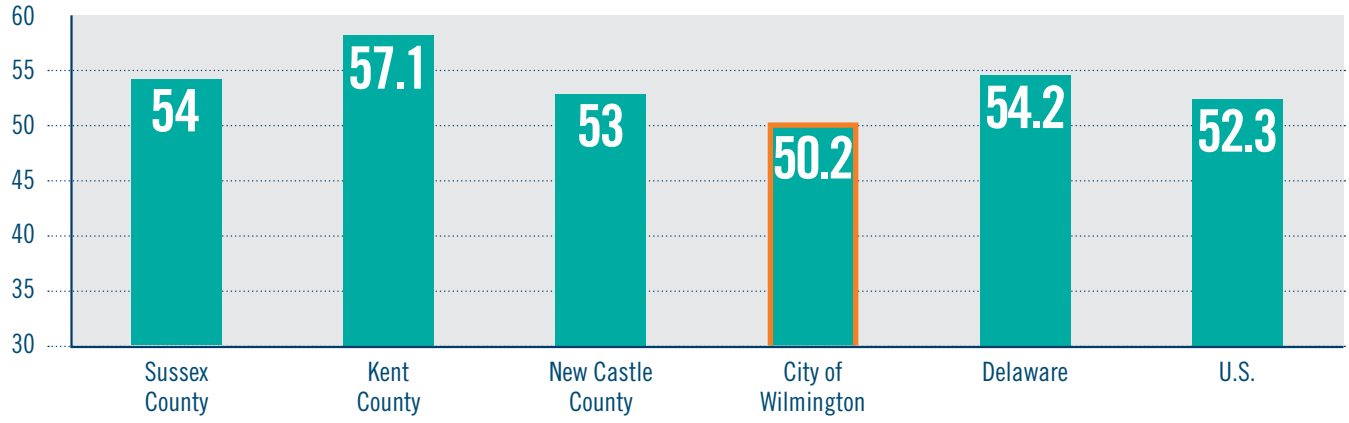
Several community members cited environmental pollution and air quality as issues of concern in communities across Delaware. One survey participant noted the challenges related to improving air quality due to the close proximity to the Philadelphia area. Another participant stated:

> *"The pollution and garbage along the road ways are horrendous…here we are stuck with old septic systems and bad drinking water and no plans for public water or septic [improvements]. Poor planning…"*

FOOD SECURITY

Approximately one in two households in Delaware with children under age 18 participate in the Supplemental Nutrition Assistance Program (SNAP). This is consistent with national rates.

Figure 24: Percent of Households with Children Under Age 18 Participating in the Supplemental Nutrition Assistance Progam (SNAP) by County and City of Wilmington, Delaware, 2013-2017



Source: U.S. Census Bureau. American Community Survey. Five-year estimates (2013-2017).

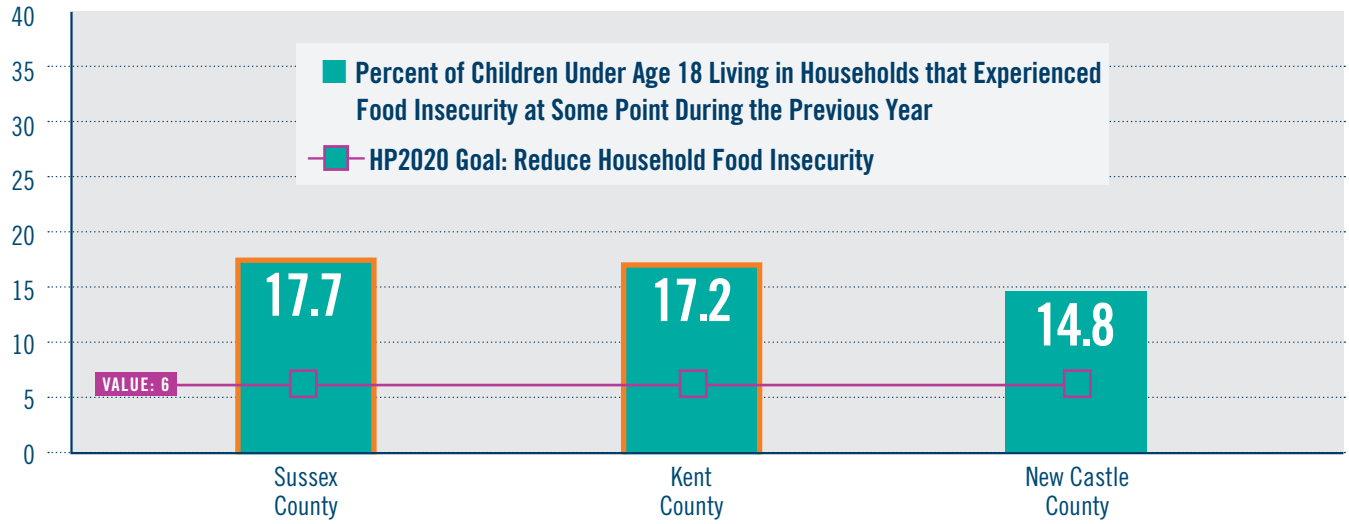
Kent County has the highest proportion of households with children under age 18 who participate in SNAP (57.1%), followed by Sussex (54%) and New Castle (53%) counties.

The city of Wilmington has the lowest percentage of families with children participating in SNAP. Highest need does not always translate to highest participation rate, according to community members. One survey respondent emphasized the importance of *examining obstacles that influence access to services*, as well. Another participant stated:

> *"There are a lot of wonderful programs that address many of the concerns, the community [just] does not know about them. Figuring out a way to effectively communicate the information would be helpful."*

Delaware does not meet the Healthy People 2020 (HP2020) goal of reducing household food insecurity to 6%.

Figure 25: Percent of Children Under Age 18 Living in Households that Experienced Food Insecurity* by County, Delaware, 2016



Source: Feeding America, 2016.

**The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Children exposed to food insecurity are of particular concern given the implications posed to the child's health and development. Children living with scarce food resources are more likely to be hospitalized and may be at higher risk for developing chronic diseases such as obesity from poor quality foods, anemia and asthma. In addition, food-insecure children may also be at higher risk for behavioral and social issues such as fighting, hyperactivity, anxiety and bullying.*

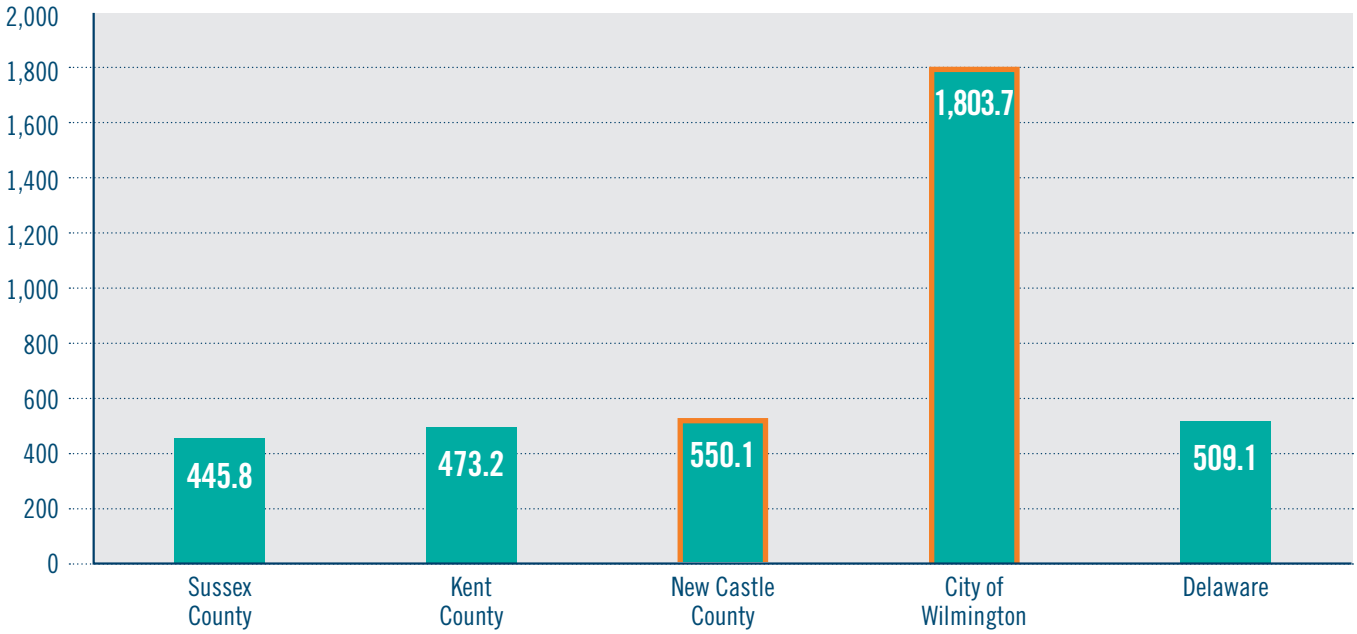
Households with children under the age of 18 in Kent and Sussex counties experience food insecurity at nearly three times the HP2020 target (17.2% and 17.7%, respectively).

> *"The average teen/preteen … functions as their own primary caregiver but as minors they do not have direct access to the services they need such as a food bank."*
>
> – Community member

CRIME AND PUBLIC SAFETY

The violent crime rate in the state of Delaware is 509.1 violent crime offenses per 100,000 population.

Figure 26: Violent Crime Rate* per 100,000 population by County and City of Wilmington, Delaware, 2014-2016



Source: County Health Rankings. FBI Uniform Crime Reporting Data (2014-2016).

**Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery and aggravated assault.*

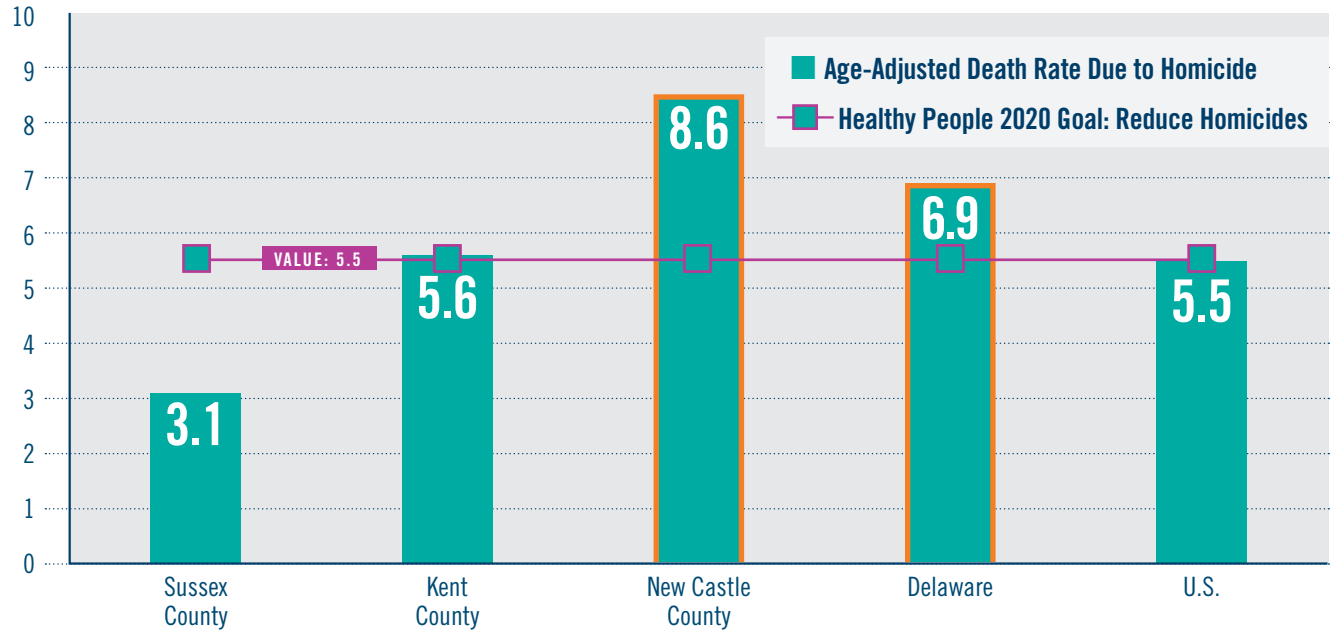
The city of Wilmington has a violent crime rate (1803.7 per 100,000) that is over three times the rate in New Castle County overall (550.1 per 100,000) and nearly four times the rate in Kent (473.2 per 100,000) and Sussex (445.8 per 100,000) counties.

Several survey respondents cited "safety," or lack thereof, as an area of concern impacting health across the state.

> *"Society is just really bad right now and unsafe."*
>
> – Community member

Delaware (6.9 per 100,000 population) does not meet the Healthy People 2020 goal of reducing the homicide rate to 5.5 per 100,000 population.

Figure 27: Age-Adjusted Death Rate Due to Homicide per 100,000 Population by County, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health (2013-2017).

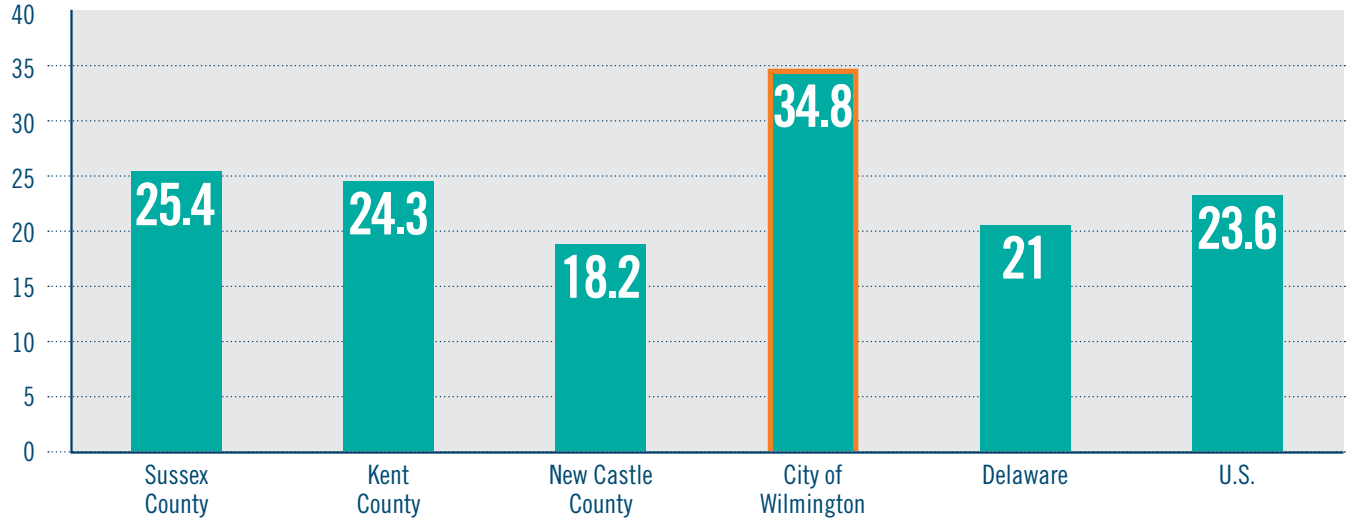
New Castle County has the highest homicide rate of 8.6 per 100,000 population, followed by Kent (5.6 per 100,000 population) and Sussex (3.1 per 100,000 population).

Access to Care and Resources

HEALTH COVERAGE

About one in five Delawareans (21%) have public health insurance only. This is compared to 23.6% nationwide.

Figure 28: Percent of Persons with Public Health Insurance Only* by County and City of Wilmington, Delaware, 2017



Source: U.S. Census Bureau. American Community Survey, 2017.

**This indicator shows the percentage of persons who have public health insurance only. Public health coverage includes the federal programs Medicare, Medicaid, and VA Health Care (provided through the Department of Veterans Affairs); the Children's Health Insurance Program (CHIP); and individual state health plans.*

At the county level, Sussex has the highest proportion of people using public health insurance as their only source of health coverage (25.4%), followed by Kent (24.3%) and New Castle (18.2%) counties. However, in the city of Wilmington, nearly one in every three residents (34.8%) uses public health insurance only.

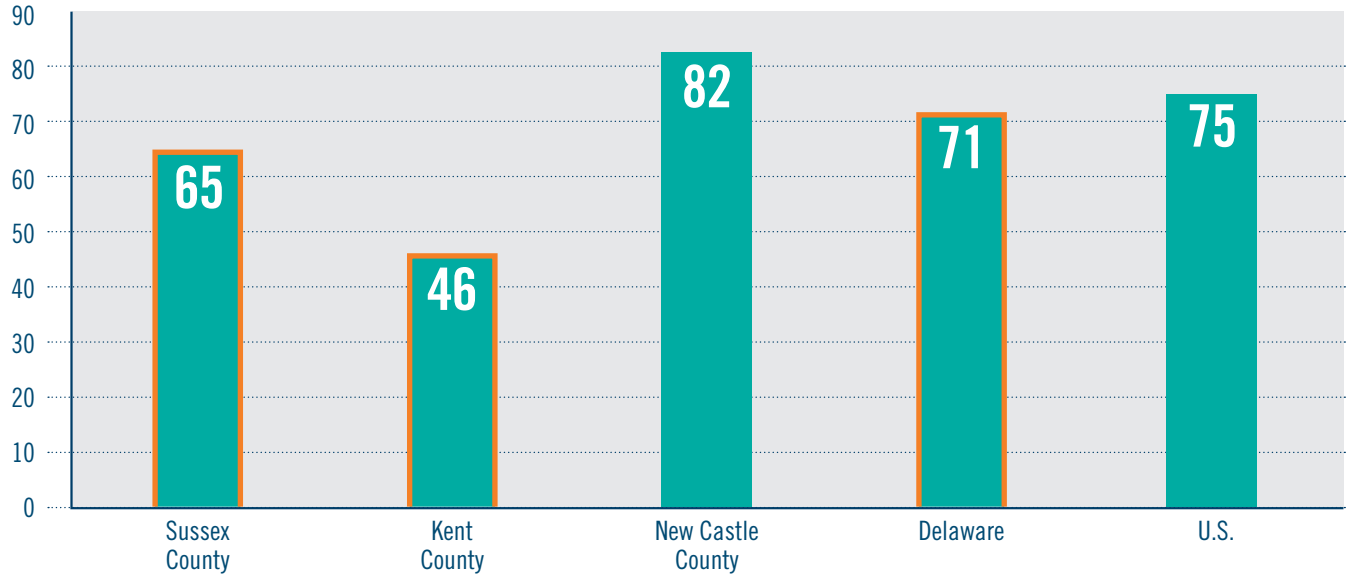
A total of 17.1% adults ages 18-64 in the city of Wilmington have a current lack of health insurance, compared to 11.5% in Delaware overall and 14.6% nationwide. Community members referenced "insurance constraints" as an obstacle influencing access to health services.

> *"Many [General Practitioners] are quitting the health care providers due to overwork, excessive paperwork and low pay. They are going to subscription healthcare organizations in which they do the medical practice and [another] company does the administration and will not accept Medicare, HMO, EPO, and TriCare payments! This is becoming a crisis situation…"*
>
> – Community member

HEALTH PROVIDERS

The primary care provider (PCP) rate in the state of Delaware is 71 per 100,000, population compared to 75 per 100,000 population across the U.S.

Figure 29: Primary Care Provider* Rate per 100,000 Population by County, Delaware, 2015



Source: County Health Rankings. 2015.

**Primary care providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine and pediatrics.*

New Castle County has the highest rate of PCPs at 82 per 100,000 population and Kent County has the lowest (46 per 100,000 population).

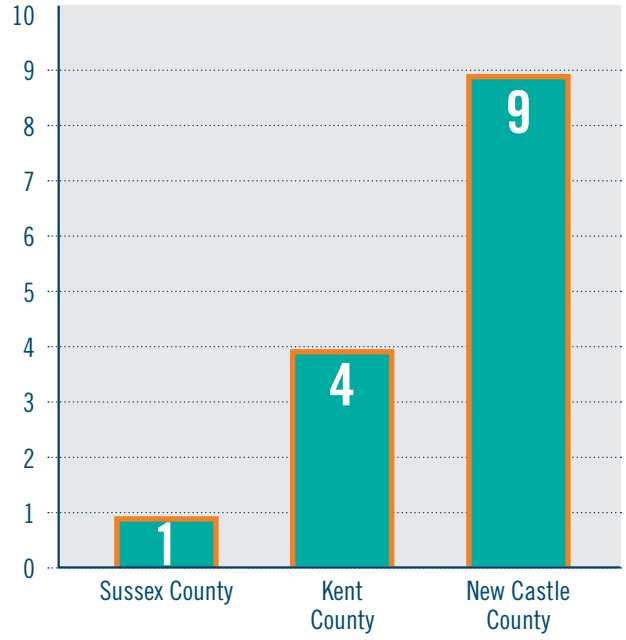
Several community members emphasized the need for a Nemours "center" in southern Delaware, noting that transportation to Wilmington for quality pediatric care is often a significant barrier for those who live in other counties.

> *"… There seems to be less doctors to go around in the last 10 years. A worrisome trend."*
>
> – Community member

Another survey participant noted that nurses serve a critical role in filling care gaps, whether it be in the schools or in communities of need.

According to the Delaware State Dental Society, there are a total of 14 pediatric dentists practicing across the state.

Figure 30: Total Number of Pediatric Dentists Practicing in Each County, Delaware, 2018



Source: Delaware State Dental Society, 2018.

There are nine pediatric dentists in New Castle County, four in Kent County and just one pediatric dentist in Sussex County.

Community members reiterated the need for more dental services in the state. One survey participant suggested dental services be offered on school premises, because many students have never had dental care. Another wrote:

"[We] need a dentist at Nemours for our medically complex children. Using a community dentist with [Operating Room] privileges requires us to wait many months for oral health."

Just under one in five (18.1%) Delaware adults age 65 and older experience teeth loss, compared to 14.5% nationwide. Poor oral care as a child and adolescent can lead to health issues that are more serious than cavities and tooth loss, however (https://www.colgate.com/en-us/oral-health/conditions/gum-disease/how-poor-dental-care-can-affect-your-overall-health-0313). According to Mayo Clinic, bad oral hygiene can increase the risk for cardiovascular disease, dementia, respiratory infections and diabetic complications.

Approximately 8% of Delaware youth, ages 12-17, report receiving services necessary to transition into adult health care. This is compared to 13.5% nationwide.

Table 1: Percent of Youth Ages 12-17 Without Special Health Care Needs Whose Families Report They Received Services Necessary for Transition to Adult Health Care, Delaware, 2017

Indicator	Sussex County	Kent County	New Castle County	City of Wilmington	Delaware	U.S.
Transition to Adult Health Care	—	—	—	—	8.0%	13.5%

Source: Child and Adolescent Health Measurement Initiative. 2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 7/17/19 from www.childhealthdata.org. CAHMI: www.cahmi.org.

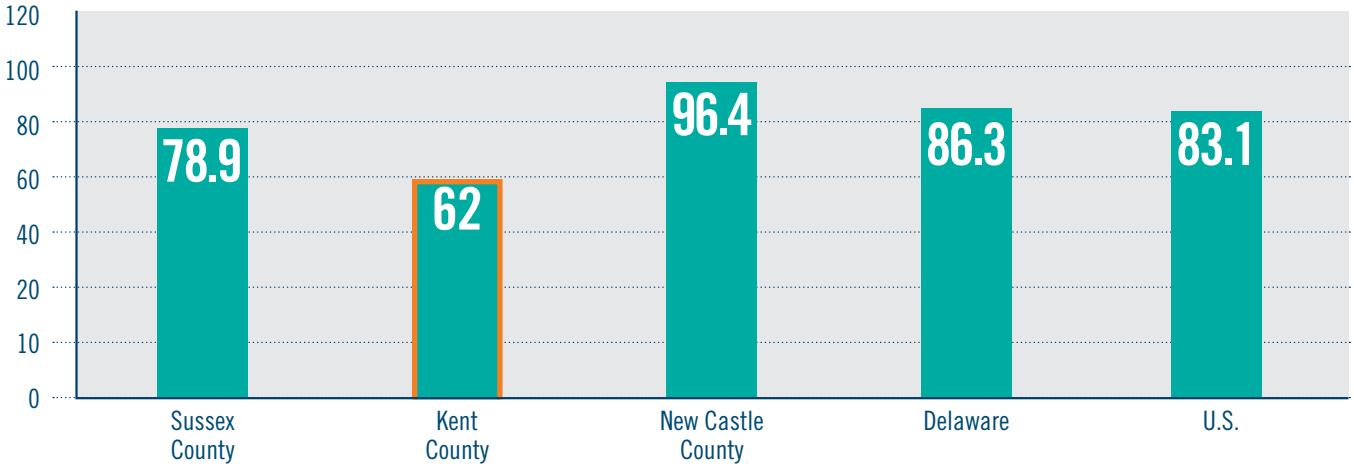
Some survey respondents referenced the need for "greater parental support and guidance" in regard to understanding the health system and caring for their growing children. Another community member stated:

"Kids shouldn't be made to leave [Nemours Children's Health System] until 23 [years of age] – end of typical college years. Also, a better list of adult doctors that are comparable to those that the kids are leaving [is needed]."

OTHER RESOURCES

The majority of people in Delaware (86.3%) report living reasonably close to exercise opportunities, which is consistent with the national average (83.1%).

Figure 31: Percent of Individuals Who Live Reasonably Close to Exercise Opportunities* by County, Delaware, 2018



Source: County Health Rankings, 2018.

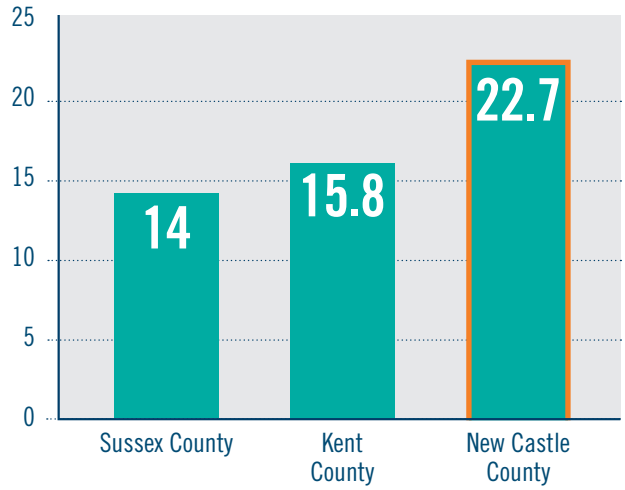
**Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Generic 6-digit SIC codes were used to identify these locations. In addition. Individuals are considered to have access to exercise opportunities if they: (1) reside in a census block that is within a half mile of a park, or (2) reside in an urban census block that is within one mile of a recreational facility, or (3) reside in a rural census block that is within three miles of a recreational facility.*

Disparities exist at the county level, where 62% of Kent County residents feel they live reasonably close to exercise opportunities, compared to 78.9% in Sussex County and 96.4% in New Castle County.

Several community members cited accessibility to exercise opportunities and education as a need in their own neighborhoods. Participants referenced the gaps that exist around safe spaces to walk and bike, from both the built environment and social capital perspective. Another participant stated:

"There is a big need for year-round access to accessible and affordable indoor recreation for children, teens and adults to facilitate active lifestyles. There is also an important need for affordable and accessible swim instruction and safe aquatic play year round for all eastern Sussex County residents. Meeting these combined needs under one roof in several locations is a worthy goal."

Figure 32: Percent of Individuals With Low Access to a Grocery Store* by County, Delaware, 2015



Source: U.S. Department of Agriculture – Food Environment Atlas, 2015.

**Percentage of individuals living more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area.*

Nearly one in four individuals in New Castle County report limited access to a grocery store, compared to 15.8% in Kent and 14% in Sussex. Survey respondents cited limited grocery stores as a concern in their community.

The majority of Delawareans who use the 2-1-1 hotline are interested in resources for housing and shelter (24.6% or 12,495 people). Utilities (17.0%), healthcare (6.2%), government and legal (5.2%) and food (3.6%) make up the top five. It should be noted, however, that the "other" category constituted 35% of all requests to Delaware 2-1-1.

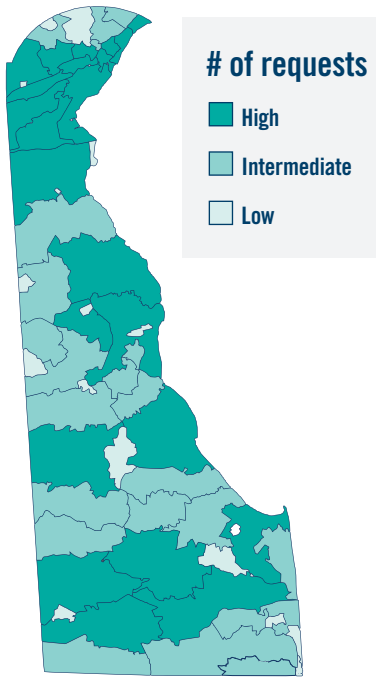
Figure 33: Percent of Calls to Delaware 2-1-1 by Category of Need, Delaware, 2018.

Category of Need	% of Requests (# of Requests)
Housing & Shelter	**24.6% (12,495)**
Utilities	**17.0% (8,634)**
Health Care	**6.2% (3,169)**
Government & Legal	**5.2% (2,631)**
Food	**3.6% (1,835)**
Mental Health & Addictions	3.0% (1,546)
Employment & Income	1.9% (940)
Clothing & Household	1.2% (630)
Transportation Assistance	1.2% (628)
Education	<1% (91)
Child Care & Parenting	<1% (90)
Disaster	<1% (43)
Other	35.5% (17,996)
Total for Top Requests	**100% (50,728)**

New Castle County
- Claymont
- Wilmington
- Newark/Bear
- New Castle
- Middeltown

Kent County
- Smyrna
- Dover

Sussex County
- Milford
- Lewes
- Millsboro
- Georgetown
- Seaford



Source: 2-1-1 Counts, Delaware. Jan 1, 2018 to Dec 31, 2018, https://de.211counts.org.

Education, child care and parenting, and disaster accounted for less than 1% of requests. Transportation assistance (1.2%), clothing and household (1.2%) and employment and income (1.9%) were among the other low-volume categories. Mental health and addiction services fell just short of the top five at 3.0% or 1,546 people.

Several survey participants emphasized the importance of awareness and understanding in regards to the resources that are available to Delawareans.

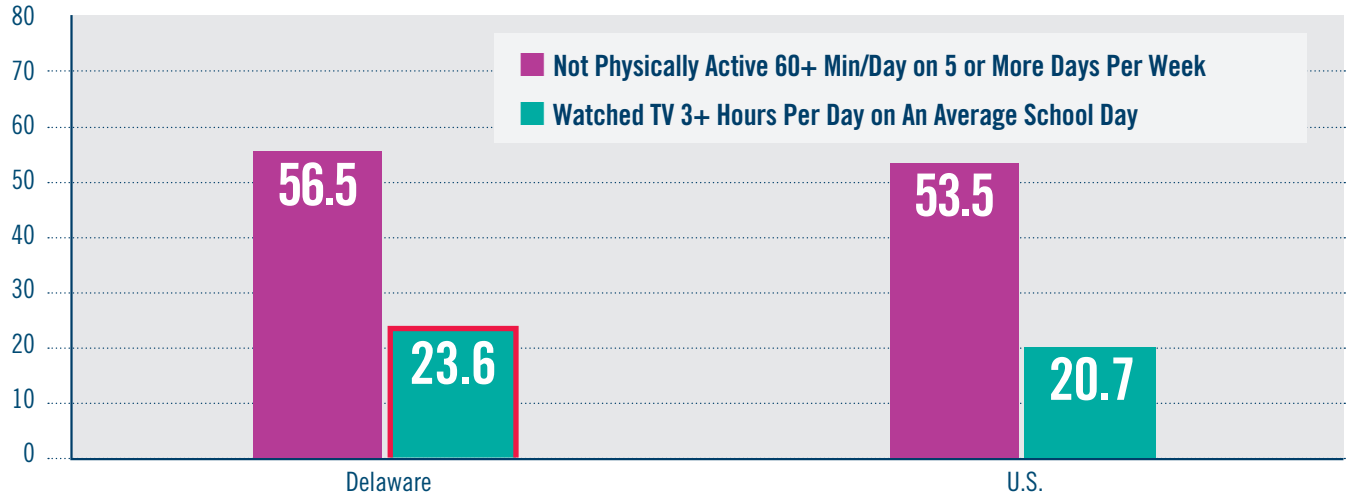
> *"I think there is a tremendous amount of health outreach and data currently being provided by state agencies, non-profits and businesses. However, just because a press release or a report are pushed out does not mean that the communication has reached our communities. Often we forget that. Just because we send something out does not mean that the message was received – or understood, for that matter. I don't think my community as a whole has a full understanding of its most critical health issues."*
>
> – Community member

Community Health Status and Related Risk Factors

HEALTH CONDITIONS AND LIFESTYLE

Being physically inactive or having a sedentary lifestyle increases the risk for obesity. Healthy People 2020 recommends moderate-to-vigorous exercise for 60 minutes or more every day. Over half (56.5%) of Delaware youth, grades 9-12, report that they are not physically active for 60 or more minutes per day on five or more days per week. The number is higher than the national average (53.5%). Too much screen time can interfere with physical activity. Healthy People 2020 recommends children engage in two hours or less of screen time per day. However, nearly one in four (23.6%) youth report having watched TV for three or more hours per day on an average school day, a number that is significantly ($p \leq 0.03$) higher than the U.S. overall (20.7%).

Figure 34: Percent of Physical Inactivity and TV Screen Time in Youth Grades 9-12, Delaware, 2017



Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

In addition to the community members themselves, healthcare providers, social service providers and public health professionals were surveyed due to the ties to the surrounding populations they serve. One social service provider stated:

> *"Students spend too much time on electronics, come to school tired, [and] don't care about learning."*

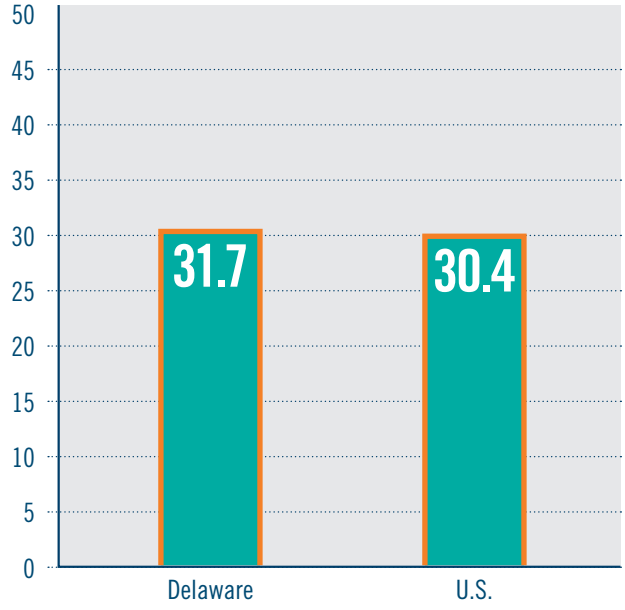
About one-third (33.2%) of adults (18+) in the city of Wilmington report no leisure-time physical activity compared to 26.2% in Delaware overall and 23.7% nationwide. The city of Wilmington does not meet the Healthy People 2020 goal of 32.6%.

> *"Physical activity is lacking in all age groups here."*
>
> – Community member

According to the National Institutes of Health, obesity is associated with increased morbidity and mortality. In fact, there is strong evidence that weight loss in overweight and obese individuals reduces diabetes, heart disease and high blood pressure.[1]

Nearly one in three (31.7%) Delaware youth in grades 9-12 are overweight or obese. This number is slightly higher than the U.S. overall.

Figure 35: Percent of Youth Grades 9-12 Who Are Overweight or Obese*, Delaware, 2017



Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

**Obese or overweight represents students (grade 9-12) who were >=85th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts.*

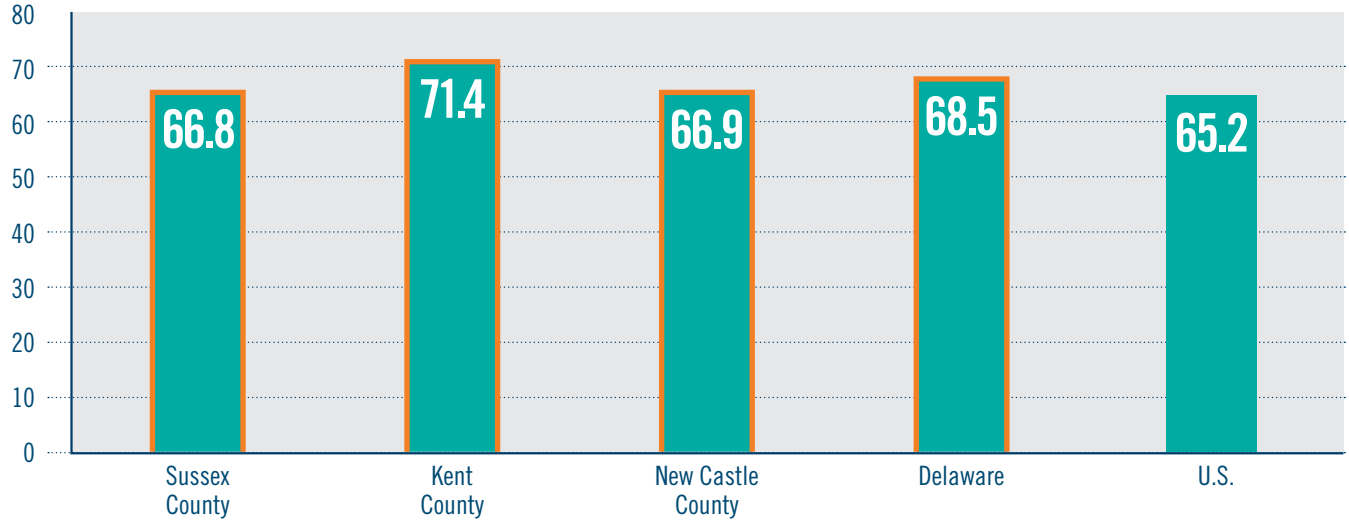
Several community members cited the need for "nutrition-based education, activities and counseling" in their area to better support parents and families with children living in the home. Another survey respondent noted:

> *"Many of the students in our schools have poor diets contributing to poor dentition and obesity — it seems to be "the norm" to drink sugary beverages, & to eat sugary snacks and fast food. Fruits and vegetables are accessible and reasonably priced in [this] area but go bad quickly of course if not eaten within a few days. From my observation — many are choosing the quick, easy option."*

[1] "Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults," National Institutes of Health, accessed August 30, 2019, https://www.nhlbi.nih.gov/files/docs/guidelines/obesity_guidelines_archive.pdf.

Adults in Delaware tend to be more obese or overweight than children. Overall, nearly 7 in 10 (68.5%) adults age 18 are overweight or obese, compared to 65.2% nationwide.

Figure 36: Percent of Adults Age 18 and Over Who Are Overweight or Obese* by County, Delaware, 2017



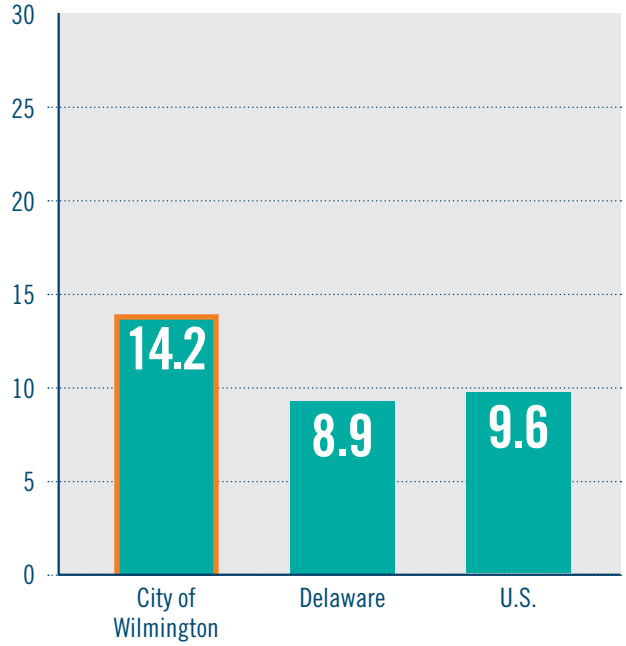
Source: CDC. Behavioral Risk Factor Surveillance System (BRFSS), 2017.

**Overweight or Obese: percentage of adults who are overweight or obese according to the Body Mass Index (BMI). The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units (BMI = Weight (Kg)/[Height (m) ^ 2]). A BMI between 25 and 29.9 is considered overweight and a BMI >=30 is considered obese.*

Kent County has the highest proportion of adults who are overweight or obese (71.4%), followed by New Castle and Sussex counties (66.9% and 66.8%, respectively).

Adults in the state of Delaware (8.9%) are less likely to be diagnosed with diabetes than adults nationally (9.6%).

Figure 37: Percent of Adults Age 18 and Older Diagnosed with Diabetes, City of Wilmington, Delaware, 2016

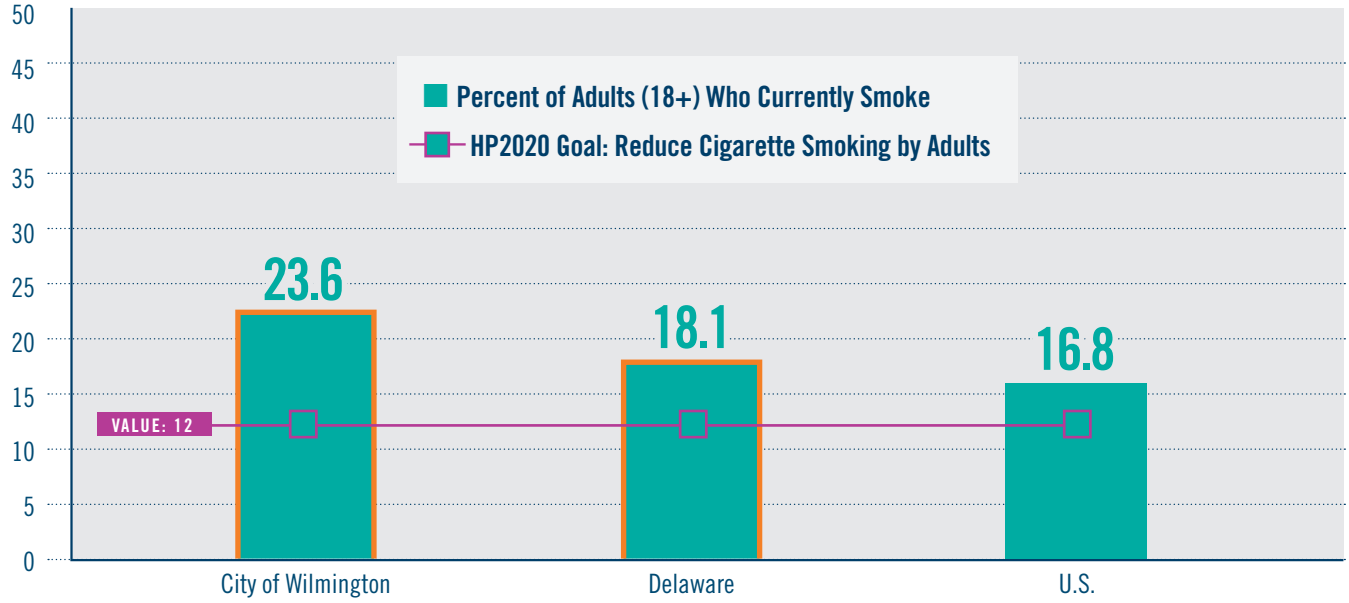


Source: CDC. 500 Cities Project: Local Data for Better Health, 2016.

However, adults in the city of Wilmington are almost twice as likely to be diagnosed with diabetes (14.2%) than adults across the state, and nearly 65% of residents in the city of Wilmington report taking medicine for high blood pressure control compared to 58.6% in Delaware overall and 57.7% nationwide.

According to the U.S. Centers for Disease Control and Prevention (CDC), cigarette smokers are more likely than non-smokers to develop heart disease, stroke, lung disease and some cancers.[2] In Delaware, the percentage of current smokers in each county does not meet the Healthy People 2020 goal of 12%.

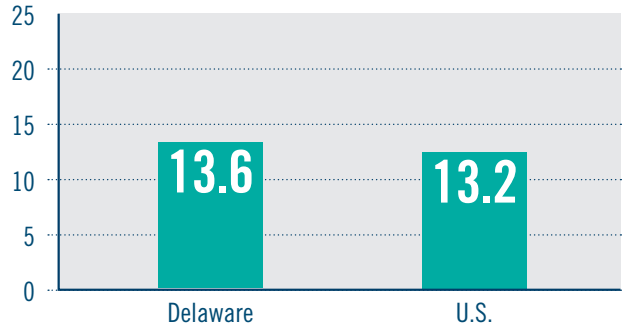
Figure 38: Percent of Adults Age 18 and Older who Currently Smoke, City of Wilmington, 2016



Source: CDC. 500 Cities Project: Local Data for Better Health, 2016.

Vapor products or e-cigarettes are considered tobacco products because most of them contain nicotine as well as other harmful ingredients. Nicotine exposure during adolescence can cause addiction and harm to the brain. Approximately 13.6% of Delaware high school students have used a vapor product at least once in the past 30 days, compared to 13.2% nationwide.

Figure 39: Percent of Youth Grades 9-12 Who Reported Electronic Vapor Product* Use, Delaware, 2017



Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

**Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs and hookah pens. Current use is defined as on at least one day during the 30 days before the survey.*

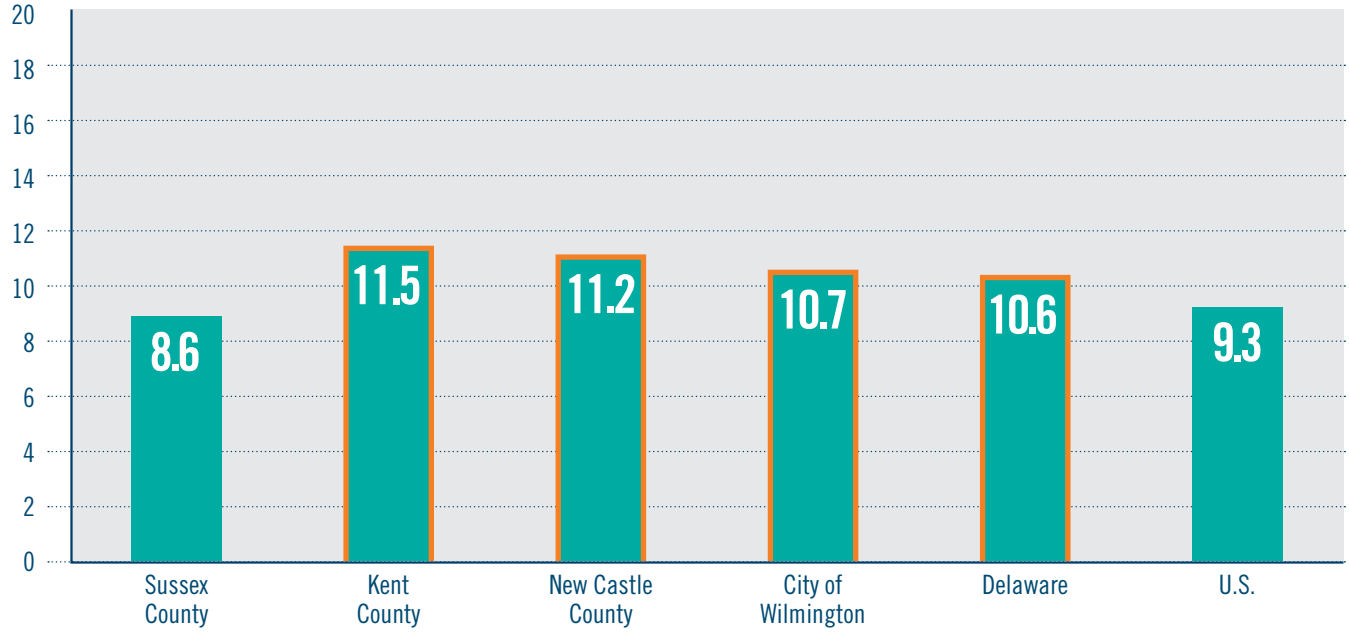
The use of these vapor products has grown over the past several years. In 2018, e-cigarette use was 19 times higher in high school females (19%) and 11 times higher in high school males (23%) than it was in 2011 (1% and 2%, respectively). Today, e-cigarettes are used more often by high school students than by adults.[3]

[2] Health Effects of Cigarette Smoking," Centers for Disease Control and Prevention, accessed August 30, 2019, https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm.

[3] "Know the Risks: E-cigarettes and Young People, Get the Facts," U.S. Department of Health and Human Services, accessed August 30, 2019, https://e-cigarettes.surgeongeneral.gov/getthefacts.html.

Adults in Delaware are more likely to have asthma (10.6%) than adults nationally (9.3%).

Figure 40: Percent of Adults Age 18 and Older Who Have Ever Been Told By a Health Care Provider They Have Asthma By County and City of Wilmington, Delaware, 2017



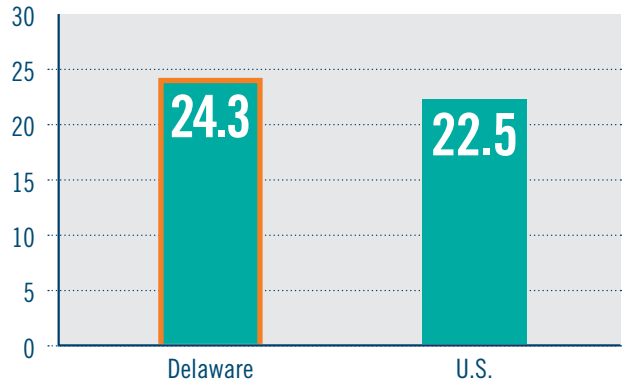
Source: CDC. Behavioral Risk Factor Surveillance System (BRFSS), 2017.

Kent County has the highest proportion of adults with asthma (11.5%), followed by New Castle County (11.2%), and Sussex County (8.6%).

In the city of Wilmington, one in 10 adults (10.7%) has been diagnosed with asthma and 7.5% have been diagnosed with COPD. This number is higher than adult COPD in Delaware overall (5.5%), and nationwide (6.5%).

One in four high school students in Delaware have asthma (24.3%), which is higher than the national average (22.5%).

Figure 41: Percent of Youth Grades 9-12 Who Were Ever Told by a Doctor or Nurse That They Have Asthma, Delaware, 2017



Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

One community member attributed asthma rates to the high concentrations of pollen and poor air quality due to proximity to heavily industrialized areas such as Philadelphia.

Delaware adults are more likely to have ever been told they have cancer (6.5%), than adults nationally (5.9%).

Table 2: Percent of Adults Age 18 and Older Who Report Ever Having Been Told By a Health Professional They Have Cancer (Excluding Skin Cancer), City of Wilmington, Delaware, 2016

Indicator	City of Wilmington	Delaware	U.S.
Cancer (excluding skin cancer) among adults aged ≥ 18 years	5.8%	6.5%	5.9%

Source: CDC. 500 Cities Project: Local Data for Better Health, 2016.

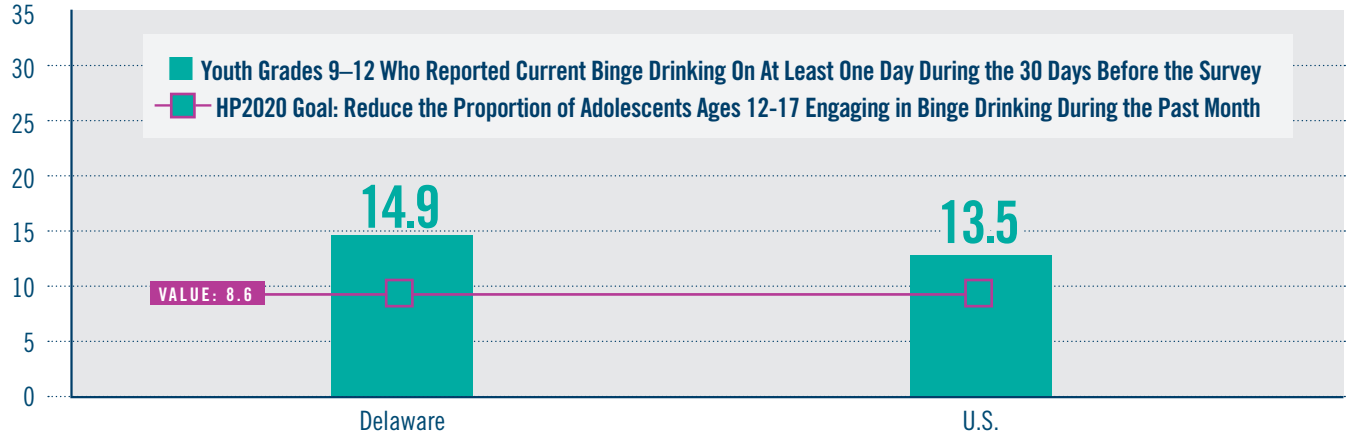
The city of Wilmington has a lower rate of patient-reported cancer rates (5.8%) than Delaware as a whole. One community member noted a particular concern with high cancer rates in Sussex County. More information is needed at lower levels of geography in order to ascertain the magnitude of cancer and the varying degrees of diagnoses/associated risk factors across different communities in Delaware.

BEHAVIORAL HEALTH

Substance use disorder and addiction may lead to accidental or intentional death. People who suffer from addiction to drugs or alcohol often have one or more accompanying medical issues, which may include lung or cardiovascular disease, stroke, cancer, HIV/AIDS, Hepatitis B and C and mental health disorders.[4]

Youth in Delaware (14.9%) and the U.S. as a whole (13.5%) do not meet the Healthy People 2020 of reducing the proportion of adolescents, ages 12-17, engaging in binge drinking to 8.6%.

Figure 42: Percent of Reported Current Binge Drinking* Among Youth Grades 9-12, Delaware, 2017



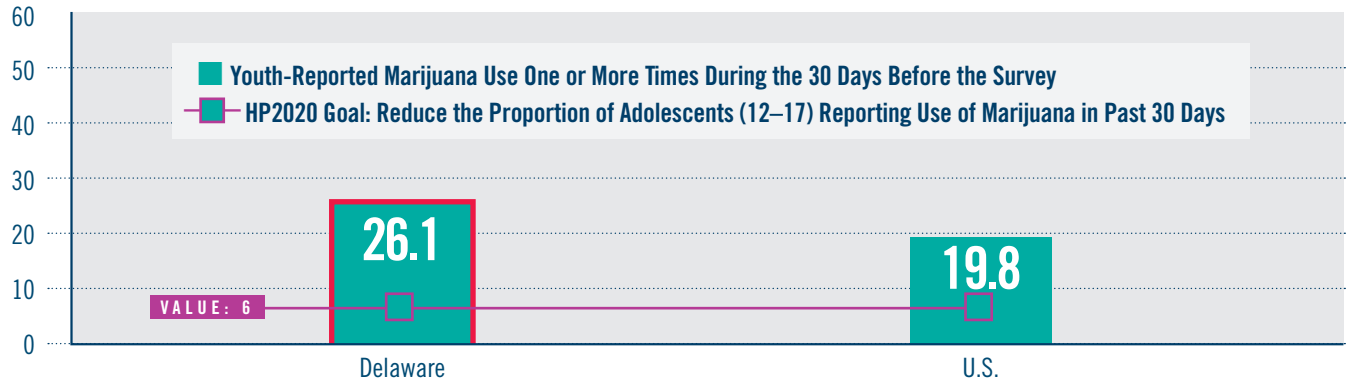
Source: CDC. 500 Cities Project: Local Data for Better Health, 2016.

**Reported current binge drinking: four or more drinks of alcohol in a row (if they were female) or five or more drinks of alcohol in a row (if they were male), within a couple of hours.*

[4] "Drugs, Brains, and Behavior: The Science of Addiction, Addiction and Health," National Institute on Drug Abuse, accessed August 30, 2019, https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/addiction-health

Delaware youth-reported marijuana use does not meet the Healthy People 2020 goal of reducing the proportion of adolescent (12-17) marijuana use to 6%. In fact, youth in Delaware are more than four times (26.1%) as likely to report marijuana use, and youth nationwide are more than three times (19.8%) as likely to report marijuana use.

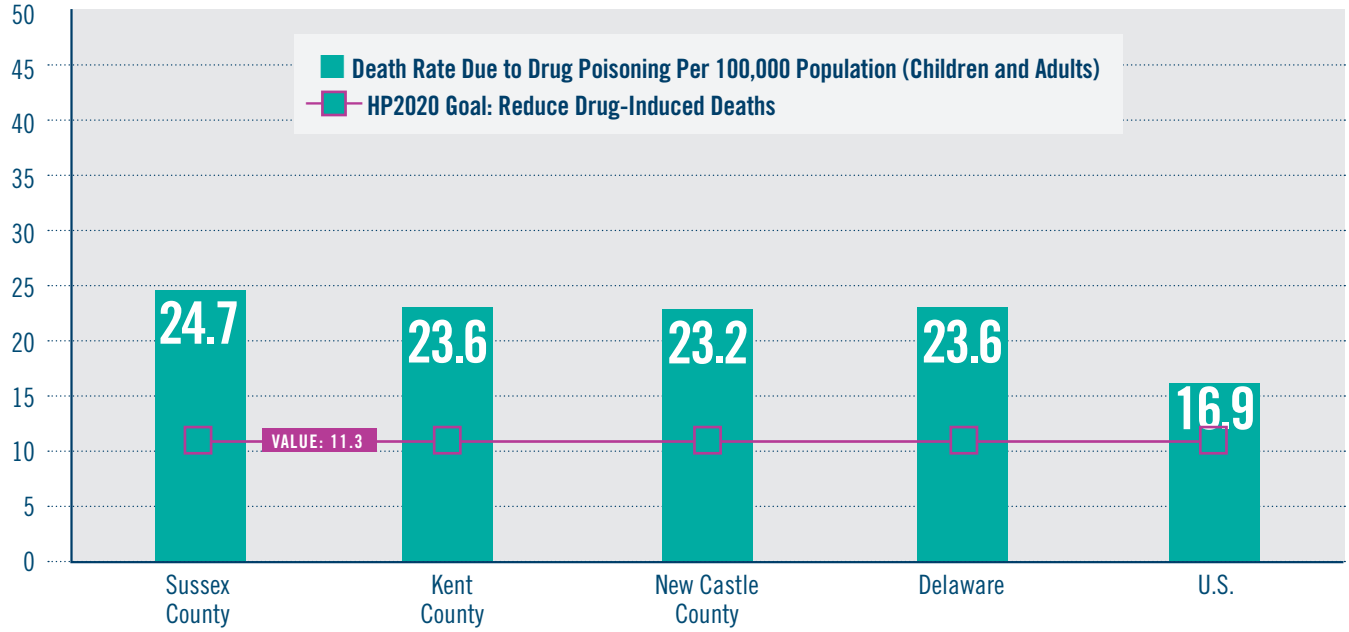
Figure 43: Percent of Reported Current Marijuana Use Among Youth Grades 9-12 During Past 30 Days, Delaware, 2017



Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

The death rate due to drug poisoning in Delaware is more than twice as high (23.2 per 1,000 people) as Healthy People 2020's goal of reducing drug-induced deaths to 11.3 deaths per 1,000 population. Delaware and the U.S. (16.9 deaths per 1,000 people) do not meet HP2020's goal.

Figure 44: Death Rate Due to Drug Poisoning per 100,000 Population* by County, Delaware, 2015-2017



Source: CDC. WONDER mortality data (2015-2017).

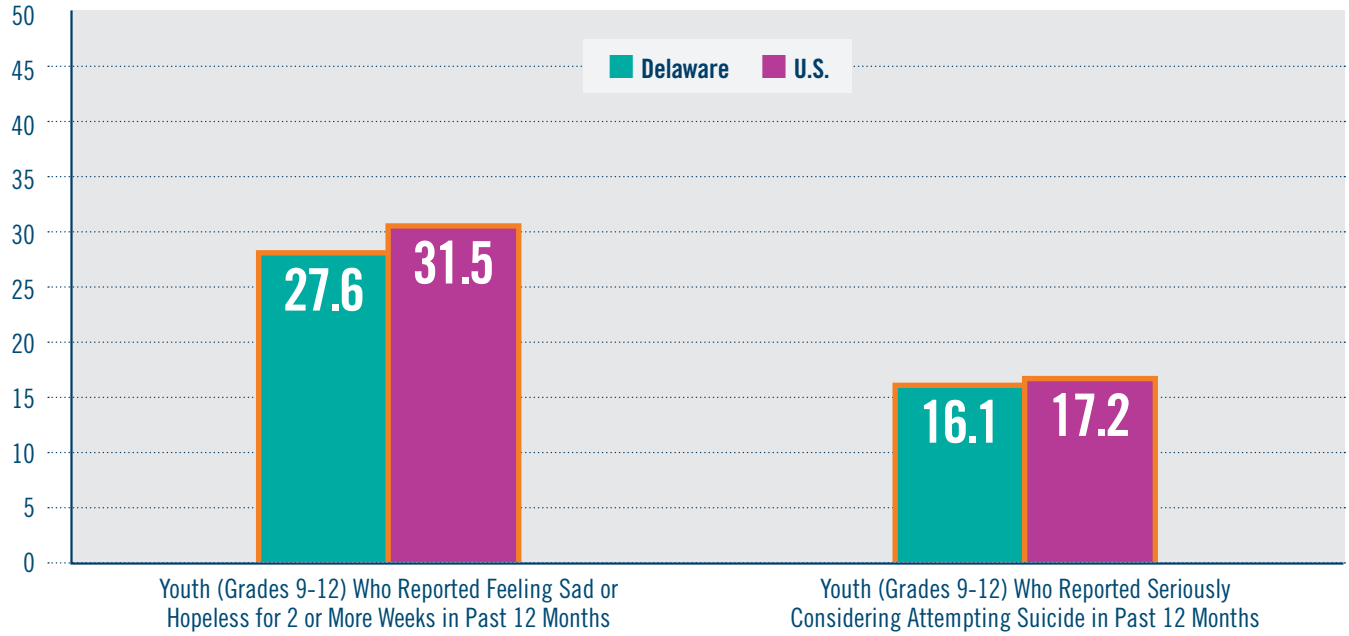
Sussex County residents are more likely to die as a result of drug poisoning (24.7 deaths per 1,000 people) than residents of Kent (23.6 deaths per 1,000 people) and New Castle (23.2 deaths per 1,000 people) counties.

Community members expressed concern for the "drug epidemic" across the state. One participant stated:

> *"Children are dealing with the trauma of having drug-addicted parents at alarming rates in Delaware yet there continues to be a huge lack of access to mental health professionals who specialize in pediatric patients..."*

More than one in every four high school students in Delaware (27.6%) reported feeling sad or hopeless for two or more consecutive weeks over the past year, and approximately 16.1% reported seriously having considered attempting suicide in the past year. While the national percentages are slightly higher (31.5% and 17.2%, respectively), these proportions are still alarming.

Figure 45: Percent of Youth-Reported Feelings of Sadness or Hopelessness and Youth-Reported Suicidal Ideations, Delaware, 2017



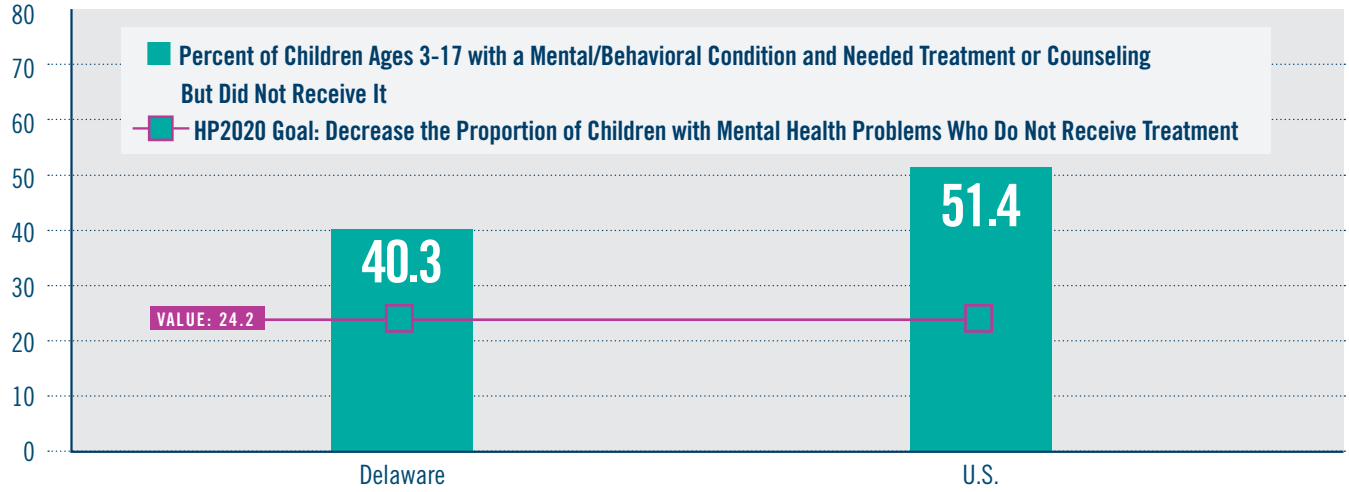
Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

Survey participants across all three counties mentioned issues related to mental health. The importance of social and emotional health education for children, the burden of adolescent mental health on the school system, the need for homeless mental health assistance, and gaps in therapeutic services downstate were specific areas of concern.

Good mental health is important at every stage of life, from childhood and adolescence through adulthood. Nearly 15% of adults age 18 and older in the city of Wilmington reported their mental health as "not good" for 14 or more days in the past 30 days. This is compared to 11.7% in Delaware overall and 11.9% nationwide.

Delaware children ages 3-17 are more likely to receive mental/behavioral health treatment when they need it than children nationwide. However, Delaware and the U.S. do not meet the Healthy People 2020 goal of 24.2%. In fact, the national average is more than two times higher (51.4%) than HP2020's target.

Figure 46: Percent of Children Ages 3-17 who Needed Mental/Behavioral Health Treatment but Did Not Receive It, Delaware, 2017



Source: Child and Adolescent Health Measurement Initiative. 2017 National Survey of Children's Health (NSCH) data query.

One public service professional noted that the average teen/preteen in their care functions as their own primary care giver. This becomes a bigger issue when, as minors, they do not have direct access to the mental health care services that they need.

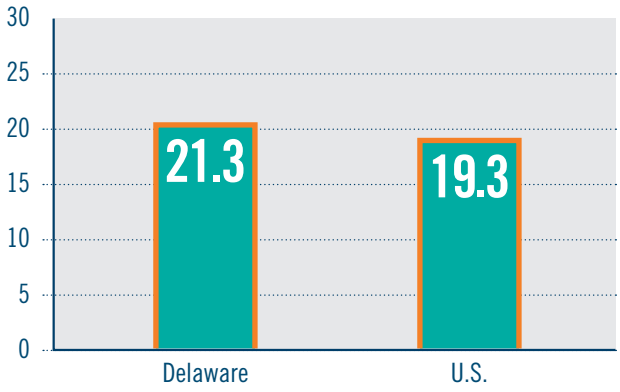
> *"…wait lists are very long, appointments are often months away, and most kids need full evaluations for other coexisting mental health issues… we need to help the children so they can grow into functioning adults. We need more boots on the ground."*

INJURY AND TRAUMA

Adverse childhood experiences (ACEs) have been linked with poor mental and physical health in adulthood.[5] ACEs are categorized into three groups – abuse, neglect and household challenges. Studies show a relationship between ACEs and negative health and well-being outcomes across the lifespan. The greater the trauma experienced, the poorer the health outcome. As the number of ACEs increases, so does the risk of health problems.[6]

In Delaware, children ages 0-17 are more likely to experience two or more ACEs (21.3%), than children nationwide (19.3%).

Figure 47: Percent of Children Ages 0-17 Having Experienced Two or More Adverse Childhood Events*, Delaware, 2017



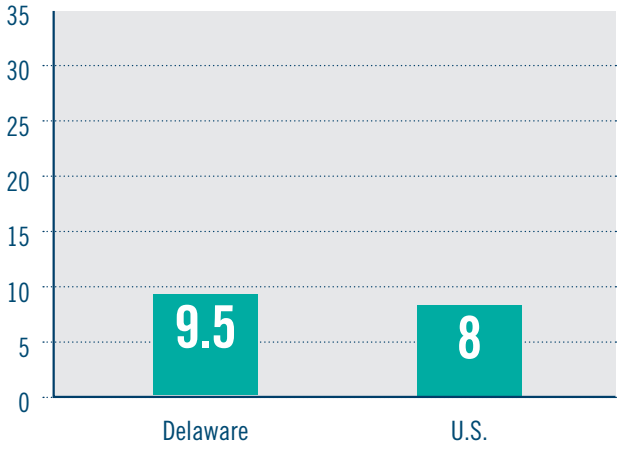
Source: Child and Adolescent Health Measurement Initiative. 2017 National Survey of Children's Health (NSCH) data query.

**2 or more ACES: Percent of children 0-17 having experienced two or more adverse childhood experiences out of a list of nine. Nine ACEs items: hard to get by on family's income (ACE1), parent or guardian divorced or separated (ACE3), parent or guardian died (ACE4), parent or guardian served time in jail (ACE5), saw or heard parents or adults slap, hit, kick punch one another in the home (ACE6), was a victim of violence or witnessed violence in neighborhood (ACE7), lived with anyone who was mentally ill, suicidal, or severely depressed (ACE8), lived with anyone who had a problem with alcohol or drugs (ACE9), and treated or judged unfairly due to race/ethnicity (ACE 10).*

Trauma across the lifespan, including violence, can have negative effects on physical and mental health, including depression, eating disorders and suicidal thoughts.[7]

Nearly one in 10 high school students in Delaware reported experiencing physical dating violence in the past 12 months. This is compared to 8% nationwide.

Figure 48: Percent of Youth Grades 9-12 Who Experienced Physical Dating Violence* in Previous 12 Months, Delaware, 2017



Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

**Experienced physical dating violence: being physically hurt on purpose (counting such things as being hit, slammed into something, or injured with an object or weapon) by someone they were dating or going out with, one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey).*

> *"[We] need more access to care for domestic violence and child sexual abuse…"*
>
> –COMMUNITY MEMBER

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

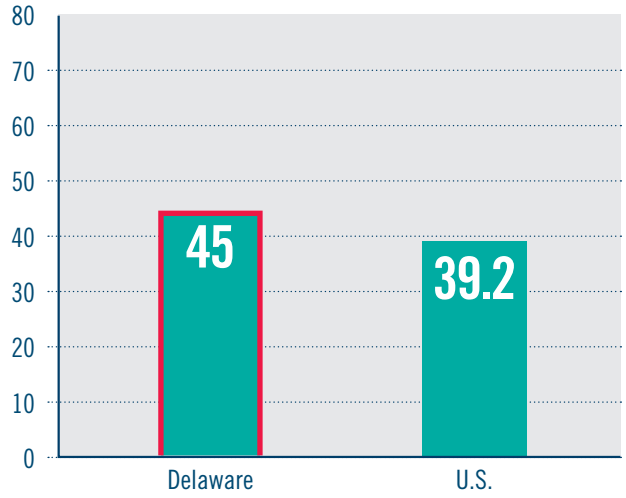
[6] "About the CDC – Kaiser ACE Study," Centers for Disease Control and Prevention, accessed August 30, 2019, https://www.cdc.gov/violenceprevention/acestudy/about.html.

[7] "Dating Violence and Adolescents," U.S. Department of Health and Human Services, accessed August 30, 2019, https://www.hhs.gov/ash/oah/adolescent-development/healthy-relationships/dating-violence/index.html.

Teens are more susceptible to distracted driving due to their inexperience behind the wheel. In fact, research shows that dialing a phone number while driving increases a teen driver's crash risk six-fold, and texting while driving increases teen crash risk by 23 times. The adolescent brain is still developing. Therefore, an injury to the adolescent brain often results in an interruption in development, causing problems with attention and concentration, fatigue, emotional control and behaviors, to name a few.[8]

Approximately 45% of high school students admitted to texting/emailing while driving at least once in the previous month. This number is significantly higher ($p \leq 0.03$) than the U.S. average (39.2%).

Figure 49: Percent of Youth Grades 9-12 Who Texted/Emailed While Operating a Motor Vehicle* in 30 Days, Delaware, 2017



Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

**Texted or e-mailed while driving a car or other vehicle: on at least one day during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey.*

SEXUAL AND REPRODUCTIVE HEALTH

Improving sexual and reproductive health is crucial to eliminating health disparities, reducing rates of infectious diseases and infertility and increasing educational attainment, career opportunities and financial stability.[9]

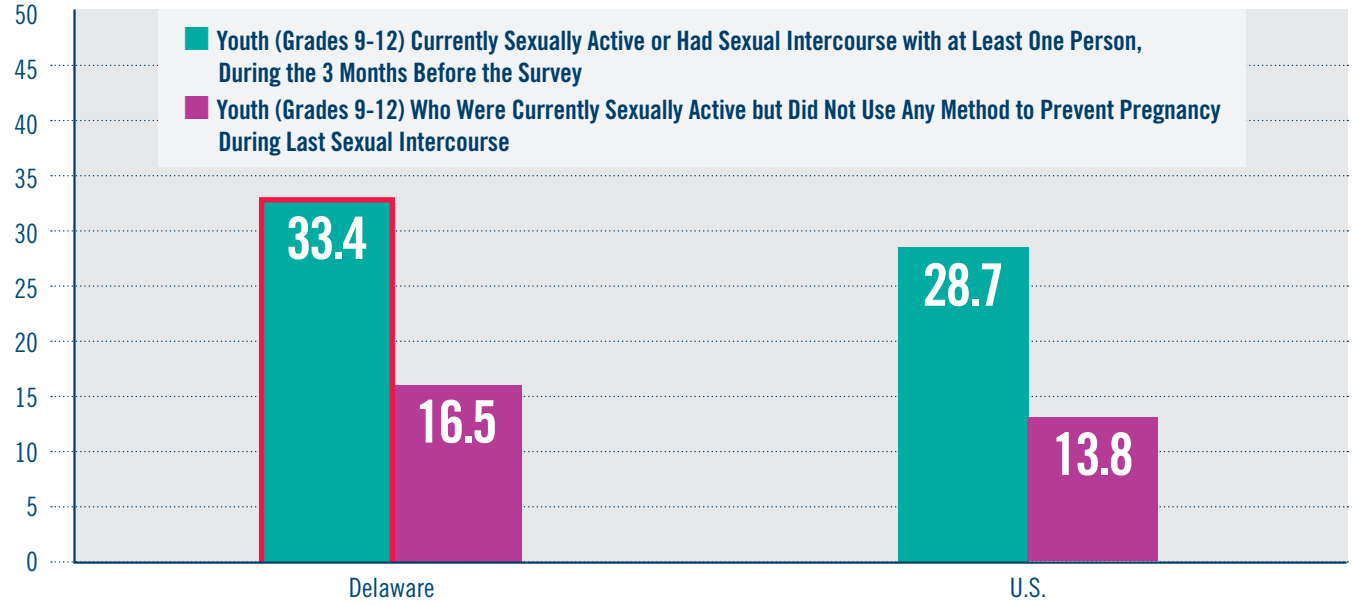
Approximately one in three (33.4%) high school students in the state of Delaware are sexually active, which is significantly higher ($p \leq 0.03$) than the national average (28.7%). Of those Delaware teens who are sexually active, one in 6 (16.5%) did not use contraception.

[8] "Adolescents With Traumatic Brain Injury (TBI)," American Psychological Association Spotlight on Disability Newsletter, March 2015, accessed August 30, 2019, https://www.apa.org/pi/disability/resources/publications/newsletter/2015/03/adolescents-brain-injury.

[9] "Reproductive and Sexual Health," Healthy People 2020, accessed August 30, 2019, https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Reproductive-and-Sexual-Health.

Approximately one in three (33.4%) high school students in the state of Delaware are sexually active, which is significantly higher ($p \leq 0.03$) than the national average (28.7%). Of those Delaware teens who are sexually active, one in 6 (16.5%) did not use contraception.

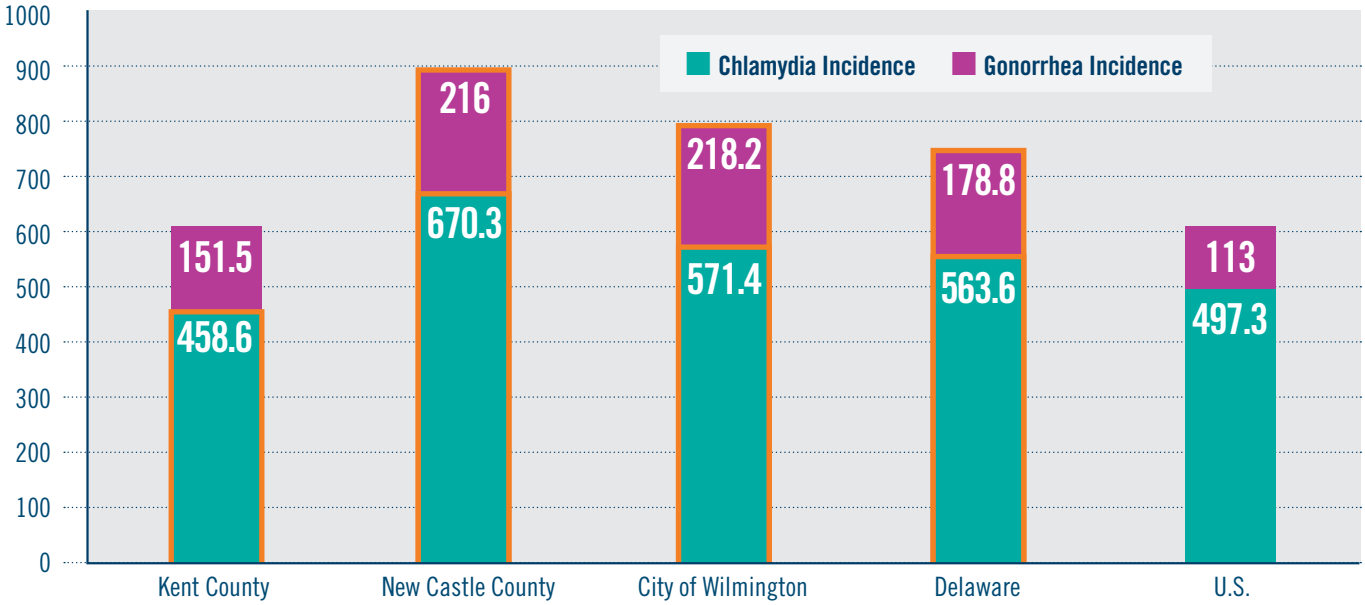
Figure 50: Percent Sexually Active and Birth Control Use in Youth Grades 9-12, Delaware, 2017



Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

Delawareans are more likely to get chlamydia (563.6 per 100,000 population) and gonorrhea (178.8 per 100,000 population) than the nation as a whole (497.3 and 113, respectively).

Figure 51: STI Incidence Rates per 100,000 Population by County, Delaware, 2016



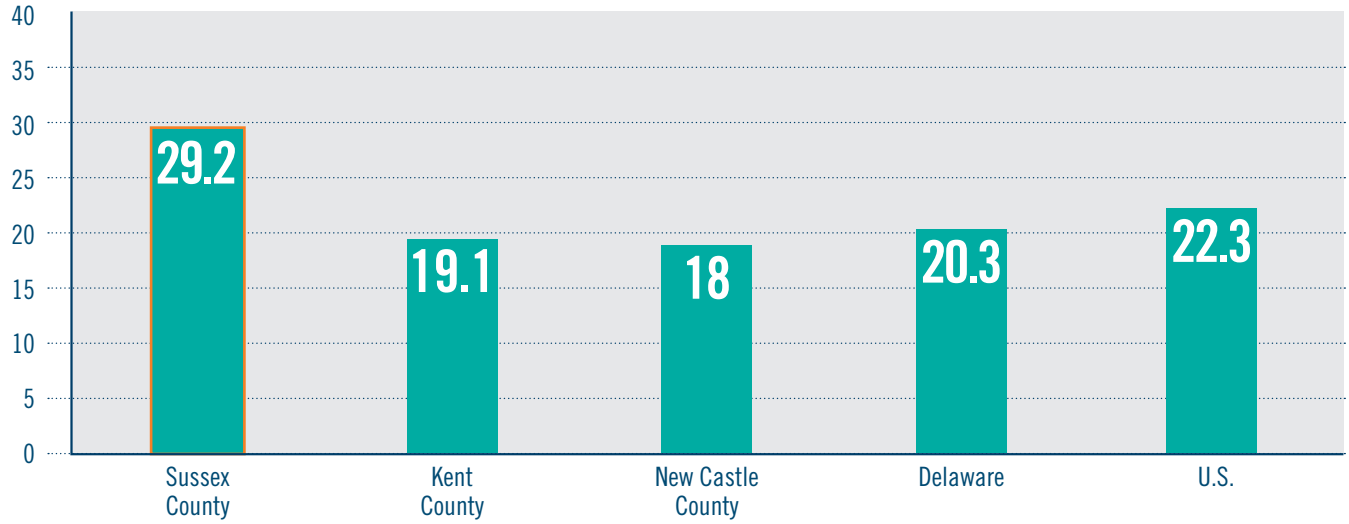
Source: Delaware Department of Health and Social Services. Division of Public Health, 2016.

Kent County has the highest chlamydia incidence (670.3 per 100,000 population), while New Castle County has the highest gonorrhea incidence (218.2 per 100,000 population). Sussex County has the lowest incidence of both sexually transmitted infections when compared to the other counties.

Birth outcomes include low birth weight, premature birth and infant mortality. They are an important measure of the health of the baby, the amount and quality of prenatal care and the health of the mother.

The teen birth rate in Delaware is 20.3 per 1,000 live births in females ages 15-19. The national average is 22.3 per 1,000 live births.

Figure 52: Teen Birth Rate per 1,000 Live Births in Females Ages 15-19 by County, Delaware, 2013-2017

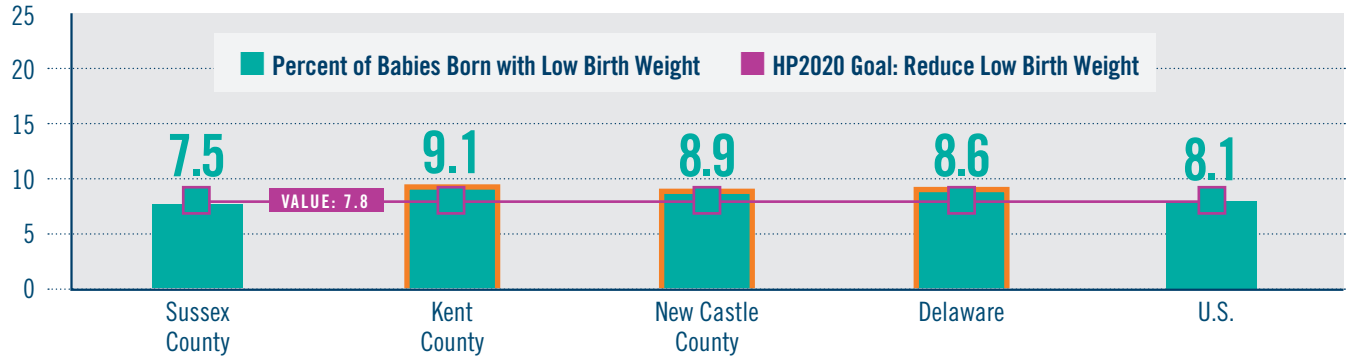


Source: Delaware Department of Health and Social Services, Division of Public Health (2013-2017).

Sussex County has the highest teen birth rate at 29.2 per 1,000 live births, while New Castle County has the lowest (18 per 1,000 live births).

The state of Delaware and the nation as a whole do not meet the Healthy People 2020 goal of reducing babies born with low birth weight to 7.8%.

Figure 53: Percent of Babies Born with Low Birth Weight* by County, Delaware, 2012-2016



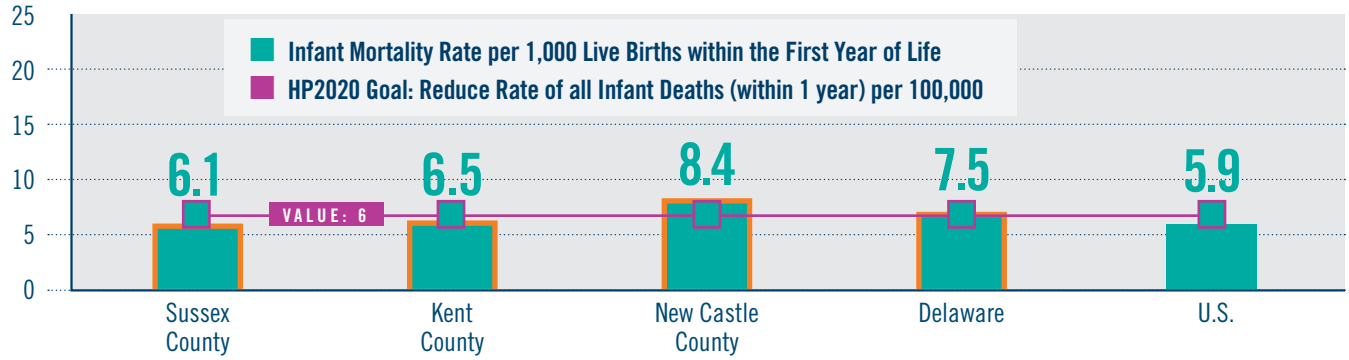
Source: Delaware Department of Health and Social Services, Division of Public Health (2012-2016).

**Babies with Low Birth Weight: This indicator shows the percentage of births in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces).*

Kent County has the highest proportion of babies born with low birth weight (9.1%), followed by New Castle (8.9%), and Sussex counties (7.5%).

Delaware does not meet the Healthy People 2020 goal of reducing infant mortality to 6 infant deaths per 1,000 live births. The U.S. does, however, meet the HP2020 target at 5.9 infant deaths per 1,000 live births.

Figure 54: Infant Mortality Rate per 1,000 Live Births* by County, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health (2013-2017).

New Castle County has the highest infant mortality rate (8.4 per 1,000 live births) when compared to Kent (6.5 per 1,000 live births), and Sussex (6.1 per 1,000 live births) counties.

Prioritization and Recommendations

To assist in prioritizing the data obtained, Nemours Associates engaged key Nemours stakeholders, key external organization stakeholders, community members and patient families reflective of medically underserved, low-income and minority populations in the community, or individuals or organizations serving or representing the interests of such populations.

Our process for soliciting community feedback included attending ten 30 minute in-person meetings and conducting surveys from February 27 to April 17, 2019, with the following organizations/community coalitions/committees that represent communities in all three Delaware counties (New Castle, Kent and Sussex):

- **February 27, 2019 at 10 a.m. –** Kent Strong Communities
- **February 28, 2019 at 10 a.m. –** Sussex Strong Communities
- **March 6, 2019 at 6 p.m. –** New Castle Prevention Coalition
- **March 14, 2019 at 9:30 a.m. –** Wilmington Consortium
- **March 19, 2019 at 4:30 p.m. –** Rt. 9 Monitoring Committee
- **March 20, 2019 at 6 p.m. –** South Wilmington Planning Network
- **April 1, 2019 at 10 a.m. –** Nemours Health Equity Consortium
- **April 1, 2019 at 4:30 p.m. –** WestSide Grows Together
- **April 9, 2019 –** Delaware Healthy Mother and Infant Consortium
- **April 17, 2019 at 2 p.m. –** Restoring Central Dover
- **June 4, 2019 –** Delaware Valley Leadership Team – Approval of top priority areas
- **July 16, 2019 –** Delaware Board of Managers – Approval of top priority areas

We then asked members of our communities to prioritize the identified health needs (see Appendix C). Participants were asked to select the three highest needs of their community related to healthcare access, behaviors and outcomes and social determinants of health. Participants were also able to add any additional needs that were not on the list to be included in their prioritization.

Participants were asked to please consider the following criteria when selecting the highest needs:

- **Magnitude —** How many children or families are impacted?
- **Equity/Disparities —** Is the data much worse for one group (race/ethnicity/geography) over another?
- **Seriousness —** Does the issue lead to death, disability or poor quality of life?
- **Impact —** Does this issue cause other problems or make other problems worse?
- **Feasibility —** How likely it is that we can change the situation related to this issue?
- **Consequences of Inaction —** Will the problem get a lot worse if we don't address it?

Participants were also asked to consider the following questions:

- Is the issue important enough to the community that they would likely work to address it?
- Is the issue important enough to a broad range of community members?
- Will this issue help move you toward your goals of a healthy and thriving community?

Participant feedback for all organizations/coalitions contacted was aggregated to compile the prioritization list for Delaware. We chose to have community members rank health behaviors, access and outcomes separately from SDoH, as SDoH are the root causes of unhealthy behaviors, poor healthcare access and poor health outcomes. The goal in having the two different categories of needs was to focus on a more comprehensive model — treating symptoms and diseases and also thinking about further upstream strategies.

Ranking	Health Care Access, Behaviors, Outcomes	Totals (n=481)	Social Determinants of Health	Totals (n=481)
1	**Access to Mental Health Care**	**208**	**Housing**	**226**
2	**Substance Use/Misuse**	**191**	**Youth Activities and Opportunities**	**180**
3	**Weight/Healthy Eating/Physical Activity**	**189**	**Transportation**	**174**
4	**Mental Health/Trauma**	**181**	**Community Safety/Violence**	**163**
5	Access to Primary Health Care	140	Healthy Food	154
6	Access to Dentists	136	Economic Development/Jobs	151
7	Asthma/Other Respiratory Conditions	64	Education	122
8	Sexual/Reproductive Health	46	Environment/Air Quality	105
9	Unintentional/Accidental Injury	45	–	–
10	Infant Death or Premature Birth	41	–	–

Senior leaders at Nemours/Alfred I. duPont Hospital for Children examined this information in conjunction with the primary and secondary data to identify the top two focus areas that will be incorporated into our health system's 2019 implementation plan to continue to provide optimal care for the children of Delaware. Nemours leadership considered the magnitude and severity of issues, the impact of these issues on the most vulnerable populations, resources available, areas in which we should be partnering with other key stakeholders and the feasibility of addressing these issues over the next three years.

The final top two areas chosen were:

1. Mental Health
2. Social Determinants of Health

Nemours will take into consideration the prioritized needs, resources available, feasibility and the effectiveness of possible interventions to create the Nemours/Alfred I. duPont Hospital for Children 2020–2022 Implementation Plan. Given the high ranking of mental health (including access) among community members and supporting data, this area was again chosen as a top priority. While many of the SDoH focus areas were discussed, leadership decided to focus more on the process and operationalizing an SDoH screener to dig deeper and better understand these root concerns. Once the two areas were determined by the hospital leadership team, the top areas of focus were presented to the Delaware Valley Board of Managers for final approval (attained on July 16, 2019).

Evaluation and Progress from 2016 CHNA and 2017-2019 Implementation Plan

Mental Health

With psychiatrists and psychologists grounded in state-of-the-art care for mental and behavioral health, Nemours is well positioned to strengthen community networks of behavioral health care. In response to our 2016 CHNA, we focused on pediatric workforce development and raising awareness of community resources and establishing strong linkages to care in the community.

WORKFORCE DEVELOPMENT

Community-based mental health provider and Nemours primary care provider education:
In 2018, two free workshops were held; 70 providers were registered for the first workshop and 57 attended; 90 providers were registered for the second workshop and 71 attended for a total of 128 providers trained. The workshops provided training on evidence-based behavioral health treatment for children and adolescents. Nemours is also providing, free of charge, a follow-up consultation program for these providers, offering monthly case reviews for six months. Two monthly consultation calls have been occurring since September 2018 and will continue through June 2019. Knowledge evaluation scores increased from 24 percent to 77 percent of attendees scoring 80 percent or higher in the first workshop and from 29 percent to 59 percent in the second workshop.

Enrollment of Nemours primary care physicians in the Resource for Advancing Children's Health (REACH) Institute's Patient-Centered Mental Health in Pediatric Primary Care mini-fellowship program: This program — led by national leaders in child psychiatry, psychology and pediatrics — trains pediatricians (as well as other professionals, advocates and parents) in the most effective therapies, from psychotherapy to pharmacology. Participation in REACH has been limited by the number of programs offered and minimal seats available in each session. To date, one provider has completed the initial course training. We are currently exploring other avenues for training.

LINKS TO COMMUNITY-BASED CARE

To address the problem of identifying appropriate community providers and ensuring that families can access care, Nemours has dedicated a staff member to the work of collaborating with existing agencies and individual providers throughout the total service area. A webpage is in production that will be available to all community primary care providers, in order to assist with referrals. The website has a formal feedback tool between community providers and Nemours and the resource coordinator has ongoing community meetings to gather feedback with community agencies and referral sources.

Access to Health Care Services

We determined that the most family-centered approach — access to specialists via telehealth technology — is already in use at Nemours, but in need of expansion. In recent years, Nemours has sought to help families in need of specialty care by bringing that care as close to home as possible, even into the local primary care office. With on-site assistance from a professional or paraprofessional, many Nemours specialists are able to "beam into" a local medical office with high-quality, privacy-protected audio and visual technology. Families report that this convenience makes access much easier.

In response to our 2016 CHNA, Nemours is focusing its CHNA efforts on significantly expanding the specialties and clinicians that offer telehealth services and the number of local sites in which these services can be accessed. We have increased not only the number of Nemours facilities offering this convenience, but also the number of other medical offices in which Nemours specialty care is available by telehealth. Certain specialties are often top of mind when telehealth is mentioned — for example, behavioral health — but our offerings will also include care, especially follow-up care, in areas such as orthopedics, where studies have shown that Nemours has been able to make substantial reductions in the amount of time families spend dealing with follow-up visits.

In 2018:

- Nemours increased total specialty telehealth visits by 70 percent from 1,640 visits in 2017 to 2,784 visits in 2018.
- Nemours increased total direct to consumer and urgent care telehealth visits by 363 percent from 409 visits in 2017 to 1,893 in 2018.
- Nemours increased the availability of non-Nemours sites offering telehealth specialty visits by two sites for a total increase of five sites (three in 2017 and two in 2018).
- Nemours increased the number of clinicians completing telehealth visits by 59 percent from 109 clinicians in 2017 to 173 clinicians in 2018.
- Three clinicians were utilizing telehealth in GI, an increase of 50 percent from two clinicians in 2017.
- Nine clinicians were utilizing telehealth in weight management, an increase of 125 percent from four clinicians in 2017.
- One clinician was utilizing telehealth in developmental pediatrics, which is unchanged from one clinician in 2017.
- Forty-eight clinicians were utilizing telehealth in behavioral health, an increase of 167 percent from 18 clinicians in 2017.
- Nemours increased the number of specialties that were actively utilizing telehealth by 24 percent from 25 specialties in 2017 to 31 specialties in 2018.

Infant and Child Health

REDUCING UNINTENDED PREGNANCY

Nemours primary care practices are committed to eliminating barriers and providing same-day access to the most effective contraceptives for adolescents. To do so, changes in training, credentialing and scheduling were necessary. We are undertaking this work in partnership with Upstream USA/Delaware CAN, a public/private partnership designed to reduce unintended pregnancy in the state of Delaware. Our goal, which draws from and parallels the goals of Upstream/Delaware CAN, is to ensure that young women become pregnant only when they want to, and that the adolescents presenting in Nemours practices are offered the full range of contraceptive methods and provided the method of their choice in a single appointment.

In 2018:

- Sixty-three providers (100 percent) and 13 (100 percent) practices were trained in Long-Acting Reversible Contraception (LARC) placement. Out of 13 practices, we project that only 11 will offer LARCs.
- Seventeen providers (33 percent) at seven (63 percent) practices completed preceptor training.
- Seventeen providers (33 percent) and seven (63 percent) practices were credentialed.
- Seventeen providers (33 percent) and seven (63 percent) practices were actively placing LARCs.
- Seven hundred and ninety nine female patients (7.5 percent) of reproductive age were initiating a method of contraception. This was an increase of 55% over 2017.
- Three hundred thirty one female patients (41 percent) of reproductive age initiated a LARC method. This was an increase of 47 percent over 2017.

Breakdown of LARCs placed:

- # Nexplanon placed
  - In 2018, 213 implants were placed.
- # IUD and type (Mirena, Skyla, Paragard, Liletta, unknown type) [Type will not be measured because it provides no actionable data for quality improvement or evaluation.]
  - In 2018, 118 IUDs were placed.
- # of other contraceptive methods initiated (Depo, pill, patch, ring, condoms, etc.)
  - In 2018, 468 other contraceptive methods were initiated.

INCREASING RECEIPT OF NURSE HOME VISITING SERVICES

To ensure that linkages to home visiting services are real, Nemours is training primary care providers and staff in primary care offices about the benefits of home visiting for at-risk parents and their children. The goal is to increase the number of eligible families enrolling in home visiting programs each year and thereby comprehensively addressing as many issues related to child and family well-being as a family may need. During 2018, opportunities to implement a closed-loop referral system were explored. The current electronic health record (EHR) system does not enable user-friendly referral status and two-way communication with external service providers. This is required for a closed-loop referral system that best supports patients and families and identifies care gaps. Nemours has upgraded our EHR system, as well as begun implementation of Healthy Planet, a population health management solution that will enable better tracking and management of referrals and follow-up. The referral form to the Home Visiting program has been built into the EHR.

Key Themes and Conclusions

In an effort to develop a social, economic and health portrait of Nemours' priority communities, existing data drawn from the most up-to-date national, state and local sources were reviewed. In addition to secondary data collection efforts, primary data collection was conducted via community surveys and in-person community meetings. Nemours' current priority area of mental health, including access to mental health services, remained a key area based on the quantitative data as well as issues of greatest concern among community members. An additional area of need was also identified, social determinants of health, which will be explored.

Through this assessment, several overarching themes and conclusions emerged:

- Nemours' priority communities are very diverse, with the greatest density and diversity in the city of Wilmington.
- There is a great deal of variation among Nemours' priority communities in income and poverty with residents in the city of Wilmington being some of the most adversely affected. Although some of the greatest need is seen in the city of Wilmington, pockets of need exist throughout the state of Delaware.
- In conjunction with income and poverty, housing-related issues were a prominent concern among those surveyed. These concerns were supported by the quantitative data collected on housing affordability and stability challenges among Nemours' priority communities.
- Mental health, including access to mental health services, continues to be a top concern among community members. These concerns were also validated by the quantitative data collected.
- Given these identified needs, our two areas of focus will be mental health and exploration of social determinants of health.

Appendix A – Community Resources and Assets

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, rather it outlines those resources identified in the course of conducting this Community Health Needs Assessment.

New Castle County

Name	City	Type
Nemours/Alfred I. duPont Hospital for Children	Wilmington	Hospital
Christiana Hospital	Newark	Hospital
Delaware Psychiatric Center	New Castle	Hospital
Middletown Emergency Department	Middletown	Hospital
St. Francis Hospital	Wilmington	Hospital
Wilmington Hospital	Wilmington	Hospital
Wilmington VA Medical Center	Wilmington	Hospital
Christiana Care Family Medicine at Claymont Center	Claymont	Community Health Center
Christiana Care Family Medicine at Hockessin Center	Hockessin	Community Health Center
Christiana Care Family Medicine at Middletown	Middletown	Community Health Center
Christiana Care Family Medicine at New Castle Center	New Castle	Community Health Center
Christiana Care Family Medicine at Springside	Newark	Community Health Center
Christiana Care Family Medicine Center at Foulk Road	Wilmington	Community Health Center
Christiana Care Internal Medicine Center at Lancaster Pike	Wilmington	Community Health Center
Christiana Care Limestone Medicine and Pediatrics	Wilmington	Community Health Center
Christiana Care Rockwood Family Medicine Center	Wilmington	Community Health Center
Greenville Medical Center	Greenville	Community Health Center
Healthcare Center at Christiana	Newark	Community Health Center
Henrietta Johnson Medical Center	Wilmington	Community Health Center
Henrietta Johnson Medical Center - Eastside	Wilmington	Community Health Center
Henrietta Johnson Medical Center - Riverside	Wilmington	Community Health Center
Planned Parenthood - Newark	Newark	Community Health Center
Planned Parenthood - Wilmington	Wilmington	Community Health Center
Riverside Medical Arts Complex	Wilmington	Community Health Center
Southbridge Medical Advisory Council, Inc.	Wilmington	Community Health Center
Westside Family Healthcare - Bear/New Castle	Bear	Community Health Center
Westside Family Healthcare - Middletown	Middletown	Community Health Center
Westside Family Healthcare - Newark	Newark	Community Health Center
Westside Family Healthcare - Northeast	Wilmington	Community Health Center
Westside Family Healthcare - Wilmington	Wilmington	Community Health Center
Wilmington Hospital Health Center	Wilmington	Community Health Center
Christiana Care Health Service - Dental	Wilmington	Dental Care
Delaware Technical Community College Dental Health Center	Wilmington	Dental Care
Henrietta Johnson Dental Program	Wilmington	Dental Care

New Castle County (Continued)

Name	City	Type
Pierre Toussaint Dental Office	Wilmington	Dental Care
Wilmington Hospital Dental Clinic	Wilmington	Dental Clinic
American Red Cross of the Delmarva Region - Community Services Building	Wilmington	Armed Forces Services: Mental Health
Appoquinimink Counseling Services, LLC	Middletown	Mental/Behavioral Health Services: Evaluation and Treatment
Aquila of Delaware	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Brandywine Counseling and Community Services, Alpha Program	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Brandywine Counseling and Community Services, Anchor Program	Wilmington	Mental/Behavioral Health Services: Mental HC Facility/ Evaluation & Treatment/Substance Abuse Services
Brandywine Counseling and Community Services, Anger Management	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
Brandywine Counseling and Community Services, Medically Assisted Treatment	Wilmington	Mental/Behavioral Health Services and Substance Abuse
Catholic Charities	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Child Inc.	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
Chimes Delaware	Newark	Mental/Behavioral Health Services: Mental HC Facility
Christiana Care, Rosenblum Adolescent Center	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Claymont Counseling Services	Claymont	Mental/Behavioral Health Services: Support Services
Claymont Treatment Center	Claymont	Mental/Behavioral Health Services: Substance Abuse Services
Community Mental Health Center	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
Connections, Integrated Health and Mental Clinic	Wilmington	Mental/Behavioral Health Services and Substance Abuse
Connections, Mental Health, Alcohol and Other Drug Treatment Outpatient Services	Newark	Mental/Behavioral Health Services and Substance Abuse
Connections, Mental Health, Alcohol and Other Drug Treatment Outpatient Services	Wilmington	Mental/Behavioral Health Services and Substance Abuse
Delaware Family Center	Wilmington	Mental/Behavioral Health Services and Substance Abuse
Delaware Guidance Services, Counseling Program	Newark	Mental/Behavioral Health Services: Evaluation and Treatment
Delaware Guidance Services, Counseling Program, Wilmington Clinic	Wilmington	Mental/Behavioral Health Services and Substance Abuse
Dept. of Correction, Baylor Women's Correctional Intuition Village	New Castle	Mental/Behavioral Health Services and Substance Abuse
Department of Veterans Affairs, Veterans Center	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
Division of Prevention & Behavioral Health Services	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Division of Substance Abuse & Mental Health, Delaware Psychiatric Center	New Castle	Mental/Behavioral Health Services: Mental HC Facility
Easter Seals	New Castle	Mental/Behavioral Health Services and Substance Abuse

New Castle County (Continued)

Name	City	Type
Gateway Foundation, Adult Residential Program	Delaware	Mental/Behavioral Health Services: Mental HC Facility/ Substance Abuse Services
Gaudenzia, Fresh Start	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Hogar Crea International of Delaware	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Homefront	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
Jewish Family Services	Wilmington	Mental/Behavioral Health Services and Substance Abuse
Jewish Family Services	Newark	Mental/Behavioral Health Services: Evaluation and Treatment
Kirkwood Detox Center	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Latin American Community Center	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Latin American Community Center, Licensed Mental Health Program	Wilmington	Mental/Behavioral Health Services and Substance Abuse
Limen House For Men	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Limen House For Women	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
MeadowWood Hospital	New Castle	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Middletown Counseling Services	Middletown	Mental/Behavioral Health Services and Substance Abuse
National Alliance on Mental Illness in Delaware	Wilmington	Mental/Behavioral Health Services: Support, Evaluation & Treatment
Northeast Treatment Center	New Castle	Mental/Behavioral Health Services: Mental HC Facility
Northeast Treatment Center - Iron Hill	Newark	Mental/Behavioral Health Services: Mental HC Facility
Northeast Treatment Center - Red Lion	Bear	Mental/Behavioral Health Services: Mental HC Facility
Open Door, Claymont	Claymont	Mental/Behavioral Health Services: Substance Abuse Services
Open Door, Newark	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Open Door, Wilmington	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House 8th Street	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Academy Hill	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Belle View	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Bonwood	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Brandywine	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Browntown	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Capitol Trail	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Chestnut Hill	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Chiming	New Castle	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Crenshaw Court	Middletown	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Dallam	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Emery	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Emmett	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Ezra	New Castle	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Freeman 2	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Grapevine	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Hedgeville	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services

New Castle County (Continued)

Name	City	Type
Oxford House Historic New Castle	New Castle	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Ida B. Wells	Newport	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Ironside	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Lenape	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Madison A	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Madison B	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Monroe	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House New Castle	New Castle	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Newport	Newport	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Northfield	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Nottingham	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Parker	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Promises	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Raymond 1	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Reed	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Ritter	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Salem Woods	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Silverside	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Taurine	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Tilton Park	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Tome	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Trinity North	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Valorian	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Van Buren	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House WestField	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Wilmington	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Woodshade	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Pace Program	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Rick VanStory Resource Centers	Wilmington	Mental/Behavioral Health Services: Mental HC Facility
Rockford Center	Newark	Mental/Behavioral Health Services: Evaluation and Treatment
Salvation Army, Adult Rehabilitation Center	Wilmington	Mental/Behavioral Health Services and Substance Abuse
SODAT	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Supporting Kidds - Bereavement Support	Hockessin	Mental/Behavioral Health Services: Evaluation and Treatment
Survivors of Abuse in Recovery (SOAR)	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
The Elizabeth House Family Life Center	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
Trinity Alcohol and Drug Program	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
University of Delaware, Psychological Services	Newark	Mental/Behavioral Health Services and Substance Abuse
Wilmington Hospital, Partial Hospital Treatment Program	Wilmington	Mental/Behavioral Health Services: Mental HC Facility
Wilmington Hospital, Psychiatric Department	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
YWCA Delaware, Sexual Assault Response Center (SARC)	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
YWCA Delaware, Sexual Assault Response Center (SARC)	Newark	Mental/Behavioral Health Services: Evaluation and Treatment

New Castle County (Continued)

Name	City	Type
YWCA, Domestic Violence Services	Wilmington	Mental/Behavioral Health Services and Substance Abuse
Concentra Urgent Care	Newark	Urgent Care Center
Glasgow Medical Center	Middletown	Urgent Care Center
Glasgow Medical Center	Newark	Urgent Care Center
Glasgow Medical Center	Newark	Urgent Care Center
Go Care - Abby Medical	Newark	Urgent Care Center
Got A Doc	Wilmington	Urgent Care Center
Got A Doc	Wilmington	Urgent Care Center
Got A Doc	Claymont	Urgent Care Center
Got A Doc	Newark	Urgent Care Center
Healthcare Clinic at Walgreens	Wilmington	Urgent Care Center
Healthcare Clinic at Walgreens	Newark	Urgent Care Center
MedExpress Walk-In Care	New Castle	Urgent Care Center
MedExpress Walk-In Care	Newark	Urgent Care Center
Newark Emergency Center	Newark	Urgent Care Center
Premier Urgent Care	Hockessin	Urgent Care Center
RediClinic	Wilmington	Urgent Care Center
Silverside Medical Aid Unit	Wilmington	Urgent Care Center
Silverside Medical Aid Unit	Wilmington	Urgent Care Center
Alpha Worship Center, Pantry of Hope	Bear	Emergency Food/Food Pantry
Appoquinimink State Service Center	Middletown	Emergency Food/Food Pantry
Asbury's Food Pantry	New Castle	Emergency Food/Food Pantry
Belvedere State Service Center	Newport	Emergency Food/Food Pantry
Catholic Charities, Basic Needs Program	Wilmington	Emergency Food/Food Pantry
Claymont Community Center, Food Closet	Claymont	Emergency Food/Food Pantry
DeLaWarr State Service Center	New Castle	Emergency Food/Food Pantry
Evangelistic Temple of Truth, The Mustard Seed Pantry	Wilmington	Emergency Food/Food Pantry
Expanded Branches Community Development Corporation	Wilmington	Emergency Food/Food Pantry
First Baptist Church Delaware: R.E.A.C.H. Ministry	New Castle	Emergency Food/Food Pantry
Food Bank of Delaware, Commodity Supplemental Food Program	Newark	Emergency Food/Food Pantry
Grace United Methodist Church	Wilmington	Emergency Food/Food Pantry
Hanover Presbyterian Church, Food Pantry	Wilmington	Emergency Food/Food Pantry
Holy Rosary Food Closet	Claymont	Emergency Food/Food Pantry
Holy Spirit Church, Food Closet	New Castle	Emergency Food/Food Pantry
Hudson State Service Center	Newark	Emergency Food/Food Pantry
Kingswood Community Center, Community & Family Services	Wilmington	Emergency Food/Food Pantry
Life Hope Lutheran Church	New Castle	Emergency Food/Food Pantry
Life Program, Mobile/Stationary Pantries & Produce Distribution	Wilmington	Emergency Food/Food Pantry
Lutheran Community Services - Social Service Program	Wilmington	Emergency Food/Food Pantry
Neighborhood House, Family Services	Wilmington	Emergency Food/Food Pantry
Neighborhood House, Southern New Castle County	Middletown	Emergency Food/Food Pantry

New Castle County (Continued)

Name	City	Type
New Knollwood Civic Association, Food Closet	Claymont	Emergency Food/Food Pantry
Northeast State Service Center	Wilmington	Emergency Food/Food Pantry
People's Baptist Church, Food Closet	New Castle	Emergency Food/Food Pantry
Red Lion United Methodist Church, Food Closet	Bear	Emergency Food/Food Pantry
Resurrection Parish, Outreach	Wilmington	Emergency Food/Food Pantry
Richardson Park Community Action, Community Services	Wilmington	Emergency Food/Food Pantry
Saint Georges United Methodist Church, Food Closet	St Georges	Emergency Food/Food Pantry
Saint Helena's Parish Social Ministry	Wilmington	Emergency Food/Food Pantry
Saint Patrick's Center, Emergency Food Closet	Wilmington	Emergency Food/Food Pantry
Salvation Army, Family Services	Wilmington	Emergency Food/Food Pantry
Sharon Temple Seventh-Day Adventist Church, Community Service Center	Wilmington	Emergency Food/Food Pantry
Victory Christian Fellowship, Blessings, Dressings and More	New Castle	Emergency Food/Food Pantry
West End Neighborhood House, Crisis Alleviation Program	Wilmington	Emergency Food/Food Pantry
Ministry of Caring, Emmanuel Dining Room East	Wilmington	Meal Services
Ministry of Caring, Emmanuel Dining Room South	New Castle	Meal Services
Ministry of Caring, Emmanuel Dining Room West	Wilmington	Meal Services
Saint Anthony's Community Center	Wilmington	Meal Services
Bellefonte Farmers' Market	Wilmington	Farmers Market/Produce Stand
Carousel Park Farmers' Market	Wilmington	Farmers Market/Produce Stand
Centerville Farmers' Market	Centerville	Farmers Market/Produce Stand
Newark Natural Foods Co-Op Farmers' Market	Newark	Farmers Market/Produce Stand
Cool Spring Park Farmers' Market	Wilmington	Farmers Market/Produce Stand
Delaware Avenue Farmers' Market	Wilmington	Farmers Market/Produce Stand
Glasgow Park Farmers' Market	Newark	Farmers Market/Produce Stand
New Castle Farmers' Market	New Castle	Farmers Market/Produce Stand
Newark Farmers' Market	Newark	Farmers Market/Produce Stand
Planting Hope Campus Market	New Castle	Farmers Market/Produce Stand
Rockwood Park Farmers' Market	Wilmington	Farmers Market/Produce Stand
Route 9 Farmers' Market	New Castle	Farmers Market/Produce Stand
Southbridge Youth Garden Farm Stand	Wilmington	Farmers Market/Produce Stand
Wilmington Farmers' Market	Wilmington	Farmers Market/Produce Stand

Kent County

Name	City	Type
Kent General Hospital (Bay Health)	Dover	Hospital
Milford Memorial Hospital (Bay Health)	Milford	Hospital
Bayhealth Emergency Center	Smyrna	Hospital
Christiana Care Smyrna Health and Wellness Center	Smyrna	Community Health Center
Delmarva Rural Ministries, Inc.	Dover	Community Health Center
Kent Community Health Center	Dover	Community Health Center
La Red Health Center - Milford	Milford	Community Health Center
Match Van	Dover	Community Health Center/ Mobile Van
Planned Parenthood - Dover	Dover	Community Health Center
Westside Family Healthcare - Dover	Dover	Community Health Center
American Dental Care	Dover	Dental Care
Delaware Hope Dental Clinic	Dover	Dental Clinic
Division of Public Health, Dental Clinic at Riverwalk	Milford	Dental Clinic
Westside Family Healthcare, Dover	Dover	Dental Care
Williams State Service Center, Children's Dental Clinic	Dover	Dental Clinic
Connections	Smyrna	Mental/Behavioral Health Services and Substance Abuse
AID in Dover	Dover	Mental/Behavioral Health Services: Mental HC Facility, Evaluation & Treatment
Catholic Charities	Dover	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Child Inc.	Dover	Mental/Behavioral Health Services: Evaluation and Treatment
Clinical Pastoral Counseling, Daybreak Counseling Services	Dover	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Community Mental Health Clinic – Williams State Service Center	Dover	Mental/Behavioral Health Services: Evaluation and Treatment Connections, Mental Health, Alcohol and Other Drug
Treatment Outpatient Services	Dover	Mental/Behavioral Health Services and Substance Abuse
Delaware Guidance Services, Counseling Program	Dover	Mental/Behavioral Health Services and Substance Abuse
Delaware State Police, Victim Services and DE Victim Center	Dover	Mental/Behavioral Health Services: Evaluation and Treatment
Division of Public Health, Safe Arms for Babies	Dover	Mental/Behavioral Health Services: Evaluation and Treatment
Easter Seals	Dover	Mental/Behavioral Health Services and Substance Abuse
Kent Sussex Community Services	Dover	Mental/Behavioral Health Services: Substance Abuse Services
Open Door, Dover	Dover	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Dover	Dover	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Paynter	Dover	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Pleasanton Corner	Smyrna	Mental/Behavioral Health Services: Substance Abuse Services
Phoenix Behavioral Health of Dover	Dover	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Psychotherapeutic Services	Dover	Mental/Behavioral Health Services and Substance Abuse
Serenity Place	Dover	Mental/Behavioral Health Services: Substance Abuse Services
Survivors of Abuse in Recovery (SOAR)	Dover	Mental/Behavioral Health Services: Evaluation and Treatment
BayHealth Walk-In Medical Center	Milford	Urgent Care Center
Camden Walk In	Dover	Urgent Care Center

Kent County (Continued)

Name	City	Type
Smyrna Health and Wellness Center	Smyrna	Urgent Care Center
ExpressCare Urgent Care	Dover	Urgent Care Center
Got A Doc	Camden	Urgent Care Center
Kent Urgent Medical Care	Dover	Urgent Care Center
MedExpress Walk-In Care	Dover	Urgent Care Center
Calvary Assembly of God Food Closet	Dover	Emergency Food/Food Pantry
Catholic Charities, Basic Needs Program	Dover	Emergency Food/Food Pantry
God's Missionary	Felton	Emergency Food/Food Pantry
Kent County Community Action, Nutrition Program	Dover	Emergency Food/Food Pantry
Milford Community Center	Milford	Emergency Food/Food Pantry
Milford State Service Center	Milford	Emergency Food/Food Pantry
Salvation Army, Dover Corps	Dover	Emergency Food/Food Pantry
Smyrna State Service Center	Smyrna	Emergency Food/Food Pantry
Williams State Service Center	Dover	Emergency Food/Food Pantry
Dover Interfaith Mission For Housing	Dover	Meal Services
Modern Maturity Center	Dover	Meal Services

Sussex County

Name	City	Type
Beebe Medical Center	Lewes	Hospital
Millville Emergency Room	Millville	Urgent Care Center
Nanticoke Memorial Hospital	Seaford	Hospital
CAMP Rehoboth Community Center	Rehoboth	Community Health Center/STD testing
Elizabeth Cornish Landing Apts	Bridgeville	Community Health Center
La Red Medical Center - Seaford (Gynecological Care Program)	Seaford	Community Health Center
La Red Medical Center - Seaford	Seaford	Community Health Center
La Red Health Center - Georgetown	Georgetown	Community Health Center
Shipley State Service Center, Children's Dental Clinic	Seaford	Dental Clinic
Thurman Adams State Service Center, Georgetown Dental Clinic	Georgetown	Dental Clinic
Mobile Dental Van	Georgetown	Community Health Center/Mobile Van
Aquila of Delaware	Georgetown	Mental/Behavioral Health Services: Substance Abuse Services
Brandywine Counseling and Community Services, Georgetown Center	Georgetown	Mental/Behavioral Health Services: Substance Abuse Services
Brandywine Counseling and Community Services, Lighthouse Program	Ellendale	Mental/Behavioral Health Services: Substance Abuse Services
Cape Integrated Wellness	Lewes	Mental/Behavioral Health Services: Counseling/ Evaluation & Treatment
Caregiver Resource Center, Sussex	Georgetown	Mental/Behavioral Health Services: Evaluation and Treatment
Catholic Charities	Georgetown	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services

Sussex County (Continued)

Name	City	Type
Child Inc.	Georgetown	Mental/Behavioral Health Services: Evaluation and Treatment
Children & Families First, Seaford Residential & Day Treatment Center	Seaford	Mental/Behavioral Health Services: Mental HC Facility
Connections, Mental Health, Alcohol and Other Drug Treatment Outpatient Services	Millsboro	Mental/Behavioral Health Services and Substance Abuse
Connections, Mental Health, Alcohol and Other Drug Treatment Outpatient Services, Seaford	Seaford	Mental/Behavioral Health Services and Substance Abuse
Delaware Guidance Services, Counseling Program	Lewes	Mental/Behavioral Health Services and Substance Abuse
Delaware Guidance Services, Counseling Program – Seaford	Seaford	Mental/Behavioral Health Services and Substance Abuse
Hudson Health Services, Corinthian House	Georgetown	Mental/Behavioral Health Services: Substance Abuse Services
Kent Sussex Community Services	Laurel	Mental/Behavioral Health Services: Substance Abuse Services
Capital City Farmers' Market	Dover	Farmers Market/Produce Stand
Fifer Orchards – Farm, Country Store & Community Supported Agriculture	Camden Wyoming	Farmers Market/Produce Stand
Ficner Farm	Dover	Farmers Market/Produce Stand
Lookerman Way Farmers' Market	Dover	Farmers Market/Produce Stand
Riverwalk Farmers' Market	Milford	Farmers Market/Produce Stand
Smyrna Farmers' Market	Smyrna	Farmers Market/Produce Stand
Spence's Bazaar & Auction	Dover	Farmers Market/Produce Stand
T S Smith & Sons	Bridgeville	Farmers Market/Produce Stand
Kent Sussex Community Services	Georgetown	Mental/Behavioral Health Services: Substance Abuse Services
La Esperanza	Georgetown	Mental/Behavioral Health Services: Evaluation and Treatment
Open Door, Seaford	Seaford	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Coolspring	Lewes	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Georgetown	Georgetown	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Lewes	Rehoboth Beach	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Millsboro	Millsboro	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Old Orchard	Lewes	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Quiet Acres	Millsboro	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House , Rehoboth Bridge	Rehoboth Bridge	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Scarborough	Rehoboth Beach	Mental/Behavioral Health Services: Substance Abuse Services
People's Place	Milford	Mental/Behavioral Health Services: Evaluation and Treatment
Safe Harbor	Lewes	Mental/Behavioral Health Services: Mental HC Facility
Survivors of Abuse in Recovery (SOAR)	Lewes	Mental/Behavioral Health Services: Evaluation and Treatment
Treatment Access Center	Georgetown	Mental/Behavioral Health Services and Substance Abuse
YWCA Delaware, Sexual Assault Response Center (SARC)	Georgetown	Mental/Behavioral Health Services: Evaluation and Treatment
Ambient Medical Care	Seaford	Urgent Care Center
Beebe Healthcare Walk-in Care	Georgetown	Urgent Care Center
Beebe Healthcare Walk-In Care	Millville	Urgent Care Center
Beebe Healthcare Walk-in Care	Millsboro	Urgent Care Center

Sussex County (Continued)

Name	City	Type
Cedar Tree Medical Urgent Care	Millsboro	Urgent Care Center
Got A Doc	Lewes	Urgent Care Center
Got A Doc	Millsboro	Urgent Care Center
Quickcare Walk-In Medical Center	Lewes	Urgent Care Center
Bethel Tabernacle Church of God, Helping Hands Food Bank	Frankford	Emergency Food/Food Pantry
Bridgeville State Service Center	Bridgeville	Emergency Food/Food Pantry
Catholic Charities, Basic Needs Program	Georgetown	Emergency Food/Food Pantry
Catholic Charities, Casa San Francisco Emergency Food Pantry	Milton	Emergency Food/Food Pantry
Christian Storehouse	Millsboro	Emergency Food/Food Pantry
Delmarva Clergy, Food Closet	Ellendale	Emergency Food/Food Pantry
First State Community Action, Emergency Services	Georgetown	Emergency Food/Food Pantry
Greenwood United Methodist Church, Baby Pantry	Greenwood	Emergency Food/Food Pantry
Joseph's Storehouse	Dagsboro	Emergency Food/Food Pantry
Laurel State Service Center	Laurel	Emergency Food/Food Pantry
Pyle State Service Center	Frankford	Emergency Food/Food Pantry
Salvation Army	Seaford	Emergency Food/Food Pantry
Shipley State Service Center	Seaford	Emergency Food/Food Pantry
Thurman Adams State Service Center	Georgetown	Emergency Food/Food Pantry
Caregiver Resource Center	Georgetown	Meal Services
CHEER at Lewes	Lewes	Meal Services
CHEER at Long Neck	Millsboro	Meal Services
CHEER Coastal Leisure Activity Center	Ocean View	Meal Services
Georgetown Cheer Center	Georgetown	Meal Services
Greenwood Cheer Activity Center	Greenwood	Meal Services
Meals on Wheels of Lewes and Rehoboth	Lewes	Meal Services
Milton Cheer Center	Milton	Meal Services
Bethany Beach Farmers' Market	Bethany Beach	Farmers Market/Produce Stand
East Coast Indoor Farmers' Market	Millsboro	Farmers Market/Produce Stand
Fenwick Island Farmers' Market	Fenwick Island	Farmers Market/Produce Stand
Garden Shack Farmers' Market	Lewes	Farmers Market/Produce Stand
Georgetown Farmers' Market	Georgetown	Farmers Market/Produce Stand
Historic Lewes Farmers' Market	Lewes	Farmers Market/Produce Stand
Historic Lewes Farmers' Market at Kings Hwy	Lewes	Farmers Market/Produce Stand
Milton Farmers' Market	Milton	Farmers Market/Produce Stand
Nassau Valley Vineyards Farmers' Market	Lewes	Farmers Market/Produce Stand
Rehoboth Beach Farmers' Market	Rehoboth Beach	Farmers Market/Produce Stand
Riverwalk Farmers' Market Downtown Milford	Milford	Farmers Market/Produce Stand
The Farmers' Market at Sea Colony	Bethany Beach	Farmers Market/Produce Stand
Wilson Farm Farmers' Market	Lewes	Farmers Market/Produce Stand

Appendix B – List of Stakeholder Organizations

Key stakeholders from the following organizations were surveyed as part of Nemours/Alfred I. duPont Hospital for Children's 2019 Community Health Needs Assessment:

1. Delaware Healthy Mother and Infant Consortium
2. Kent Strong Communities
3. Nemours Health Equity Consortium
4. New Castle Prevention Coalition
5. Restoring Central Dover
6. Route 9 Monitoring Committee
7. South Wilmington Planning Network
8. Sussex Strong Communities
9. WestSide Grows Together
10. Wilmington Consortium

Appendix C – CHNA Prioritization Survey

2019 Community Health Needs Assessment—Prioritization
Please check the box for the location for which you are providing feedback.

- ☐ City of Wilmington
- ☐ New Castle County (outside of Wilmington)
- ☐ Kent County
- ☐ Sussex County
- ☐ Other _____

Please place an "X" in the rows of the three highest needs of your community.

Healthcare Access, Behaviors and Outcomes	X for Top 3
Access to Dentists (can't get to the office, costs too much, takes too long to get an appointment)	
Access to Doctors (can't get to the office, costs too much, takes too long to get an appointment)	
Access to Mental Health Care (can't get to the office, costs too much, takes too long to get an appointment)	
Asthma/Other Respiratory Conditions (trouble breathing)	
Infant Mortality/Premature Birth (infant death, babies born too small or too early)	
Mental Health/Trauma	
Sexual/Reproductive Health (e.g., sexually transmitted infections, birth control access)	
Substance Use/Misuse (e.g., drugs, tobacco, alcohol)	
Unintentional/Accidental Injury (e.g., texting while driving)	
Weight/Healthy Eating/Physical Activity	
Community Addition: Caregiver Resources/Respite	
Community Addition: Health Literacy	
Community Addition: Language Barriers	
Community Addition: LGBTQ Access and Support	
Community Addition: Personal Safety/Domestic Violence	
Community Addition: Sexual Health Education in School Curriculum	

Please place an "X" in the rows of the three highest needs of your community.

Social Determinants of Health	X for Top 3
Community Safety/Violence (too much crime or violence)	
Economic Development/Jobs (not enough jobs, required education too high, etc.)	
Education (bad quality, not enough or hard to get)	
Environment/Air Quality (too much pollution, litter, etc.)	
Healthy Food (not enough food in general, not enough places to buy it, too expensive, etc.)	
Housing (homes cost too much to rent or buy, home options are not safe or not healthy)	
Transportation (bad or not enough bus routes, safe places to walk or bike, etc.)	
Youth Activities and Opportunities (bad quality or not enough)	
Community Addition: Built Environment	
Community Addition: Drinking Water Safety	
Community Addition: Structural Racism/Unconscious Bias	