



Collecting and Utilizing Reliable, Local Community-Based Health Information

An Overview of the DPHI Community Health Database

2015 HHS

December 7, 2016





About DPHI

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

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

County Health Rankings | Delaware SHIP | THRIVE | The Community Health Data Base





The CHDB Network

Who participates in the Community Health Data Base?

Governmental Agencies

- Department of Health and Social Services (DHSS)
 - Division of Public Health (DPH)
- Department of Services for Children, Youth and their Families (DSCYF)
 - Division of Prevention and Behavioral Health Services

Hospital/Healthcare Systems

- Christiana Care Health System (CCHS)
- Nemours (A.I. Dupont Hospital for Children)
- Non-profit and Service Organizations
 - Children and Families First (CFFDE)
 - Nemours Health and Prevention Services (NHPS)
- Foundations and Associations
 - Delaware Healthcare Association (DEHA)
 - United Way of Delaware (UWDE)





Strategic Local Research

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







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Methodology in Brief:

The Household Health Survey





Delaware Household Health Survey: Methodology

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

- Science Research Solutions (SSRS) conducted the interviews
 - Member of the Council of American Survey Research Organizations (CASRO)





Delaware Household Health Survey: Methodology

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







Delaware Household Health Survey: Methodology

Geographic Reach

- The final survey sample (n=2,609) supports reliable analysis at the zip code cluster level for four regions in Delaware (n~625 in each):
 - Sussex
 - Kent
 - Greater Wilmington Area (GWA)
 - Remainder of New Castle County (RNCC)
- Oversampled 9 zips:
 - (19801,19802,19805,19934,19956,19960,19973,19706,19941)

Weights

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







Putting the Data to Use:

First Steps





Defining Your Community

Geographic

- Neighborhoods
- ZIP code clusters
- Census tract clusters (coming 12/16)
- Service areas
- School districts
- Cities
- Suburban townships
- County, region

Demographic

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





Putting the Data to Use: Household Health Survey

Topic Areas and Examples



Key Topic Areas









Health Status & Health Indicators

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

But nearly <u>one in five</u> adults are reportedly in fair or poor health.

... Call to action







Access to Care & Services

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







Sources of Care

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

8 in 10 use a private doctor's office

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



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

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





Uninsured Adults

7% 5% 8% Highest ----- Lowest

(% uninsured)

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

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





Why No Insurance?

#1 Reason why adults lack insurance:

"Cost is too high"

Followed by:

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







Cost Barriers to Care

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

1 in 10 adults were <u>unable to get needed care</u> due to cost .

15% were prescribed medication but <u>did not fill it due to cost</u>.







What about the Marketplace?

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

2 out of 3 found it **somewhat difficult** to **very difficult** to find a plan they could <u>afford to use</u>.



Less than half actually enrolled in a plan.







Chronic Health Conditions

Chronic Diseases are among the leading No Diabetes causes of death and disability in the United States. Conditions such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis-are among Diabetes the most common, costly, and preventable of all health problems.







Health Behaviors

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







Less than the recommended serving of fruits and vegetables?

#1 Reason adults do not eat 5 or more servings of fruits & vegetables per day: "I do not like the taste."

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





Screenings & Preventative Services

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

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







Long-Acting Reversible Contraceptives (LARCs)







Why No LARCs?

What is the primary reason you do not use LARCs?



Followed by:

- Uncomfortable with the procedure
- Lack of information







Mental & Behavioral Health

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









Mental Health Diagnosis & Treatment







Substance Abuse & Treatment

57%

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

0.4%

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

"I don't have a problem."

43%





Introducing the ACEs

Adverse Childhood Experiences or ACEs is the term given to describe all types of abuse, neglect, and other traumatic experiences that occur to individuals under 18 years of age.

Birth

- Landmark Kaiser ACE study
 - Examined relationships between ACEs during childhood and reduced health and well-being later in life.







Types of ACEs

• The ACE questions look at three categories of adverse experiences:



 Respondents are given an ACE score between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.





How Common Are ACEs in Delaware?

• The Delaware Household Health Survey includes the same 10 core questions + 2 additional ACEs from the Philadelphia ACEs study conducted by PHMC in 2013.





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How Do ACEs Affect Our Lives?

- ACEs can have lasting effects on behavior & health...
 - Have a tremendous, *lifelong* impact on our health and quality of life.
- The Kaiser ACE study showed dramatic links between adverse childhood experiences and
 - Risky behavior;
 - Psychological issues;
 - Serious illness; and
 - The leading causes of death.
- The following charts compare how Delaware adults (18+) with 0, 1, 2-3, or 4+ ACEs experience some of these specified indicators.







ACEs and Smoking













ACEs and Social Conditions

Witness Violence and Community Trust: 6 Point Scale

Delaware —Center City Wilmington







Social Capital & Health

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

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



day VS. less than 1% of South Dover.





Marketing & Outreach

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



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



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





Looking to the Future...

- Addressing limitations in the first iteration.
 - Sample size
 - Expanding special populations (i.e., children & older adults)
- Growing member and affiliate base that supports sustainability and content inclusion
- Biannual data collection and trend data that reflects the landscape of the state
- Online data tool to increase accessibility and utilization





In Closing...

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

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





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

THANK YOU!