I. HEALTH ASSESSMENT

C. HEALTH STATUS

1. OVERVIEW

Delaware residents seem to experience comparable or slightly poorer health status than residents of benchmark communities.

- This analysis examines eight categories of health indicators: chronic disease, cancer, behavioral risk factors, communicable disease, maternal and child health, social environment, environment and racial disparity.
  - Delaware performs worse than benchmarks on indicators related to heart disease, diabetes, exercise, smoking, alcohol-related motor vehicle fatalities, child abuse and neglect, rape and aggravated assault, gonorrhea, chlamydia and AIDS.

- **Health status problems occur in chronic disease, cancer, behavioral health, communicable diseases and social environment.**
  - In terms of chronic disease, generally, Delaware residents perform comparably to their counterparts. However, they have a slightly higher mortality rate for **heart disease** than most comparison states and the U.S., with higher prevalence rates for ischemic heart disease and hypertension. Also, the Area demonstrates a higher mortality rate and prevalence for **diabetes** than comparison states.
  - Compared to benchmarks, Delaware exhibits relatively high mortality and incidence rates for the **cancer** featured in our analysis. These include trachea, lung, and bronchus cancer, breast cancer, cervical cancer, prostate cancer and colon cancer[1].
  - In terms of **behavioral risk factors**, Delaware residents were more likely than those of benchmarks to smoke, live a sedentary lifestyle or die in an alcohol-related motor vehicle accident.
  - Generally, Delaware performs comparably on incidence rates for communicable diseases such as mumps, pneumonia, influenza and syphilis. However, Delaware has a much higher incidence of **gonorrhea**, despite declining rates since 1995, and a slightly higher incidence of **chlamydia** when compared to benchmarks. Additionally, in 1997, Delaware experienced a high prevalence rate of persons living with **AIDS** relative to benchmarks but a decline in newly diagnosed cases between 1993 and 1997.

[1] One-year average mortality rates were used for this analysis in order to compare Delaware to other communities and the nation. Due to the small number of incidents of several cancers and maternal and child health indicators, slight year-to-year changes can lead to substantial fluctuations. When available, five-year averages for Delaware are included in this analysis. Generating five-year averages for comparison communities was beyond the scope of this analysis.

  - Delaware's performance is comparable to state benchmarks in four of eight **maternal and child health** indicators, including prenatal care, Cesarean births and smoking and alcohol use during pregnancy. Delaware performed worse than state benchmarks on indicators related to teenage birth rates, infant mortality and the proportion of low and very low birth weights[2]. However, teenage birth rates and infant mortality in Delaware has declined in recent years.

  - In general, Delaware performed comparably or better than benchmarks on indicators of **social environment**, including violent and property crime. However, the rape offense and the reported child abuse and neglect rates in Delaware were much higher than benchmarks.

  - Delaware meets minimum federal government standards for **air and water quality**, but it experiences some problems with **surface water quality**.

  - Despite the **racial disparities in health** between African American residents and white residents of Delaware for most indicators in Delaware, the Area appears to have narrower racial differences for most indicators relative to benchmarks.

- **At the county level, data availability and limitations precluded most analyses of health status indicators, except for those related to cancer.**

  - Sussex County exhibits the highest overall incidence of **cancer**. However, New Castle County experiences the highest incidence of **breast cancer**, while Kent County experiences the highest incidence of **prostate** cancer.

- **Community stakeholder perceptions were support by the data in several instances.**

  - Community leaders identified cancer as one of the largest health concerns in the community.

  - Stakeholders also expressed concerns regarding diabetes, hypertension and asthma.

  - In terms of behavioral risk, stakeholders discussed problems with smoking and alcohol/substance abuse, as well as a lack of preventive focus in treatment of these problems.

ISSUE FOR FUTURE STUDY

Community stakeholders expressed an interest in better understanding what barriers to care exist in the Area. The socioeconomic profile of the Area indicates that the Area's residents have fewer problems with lack of insurance coverage and poverty than benchmarks. The recent growth of the Hispanic population merits further examination of whether or not language poses a barrier to receiving care for Area residents.

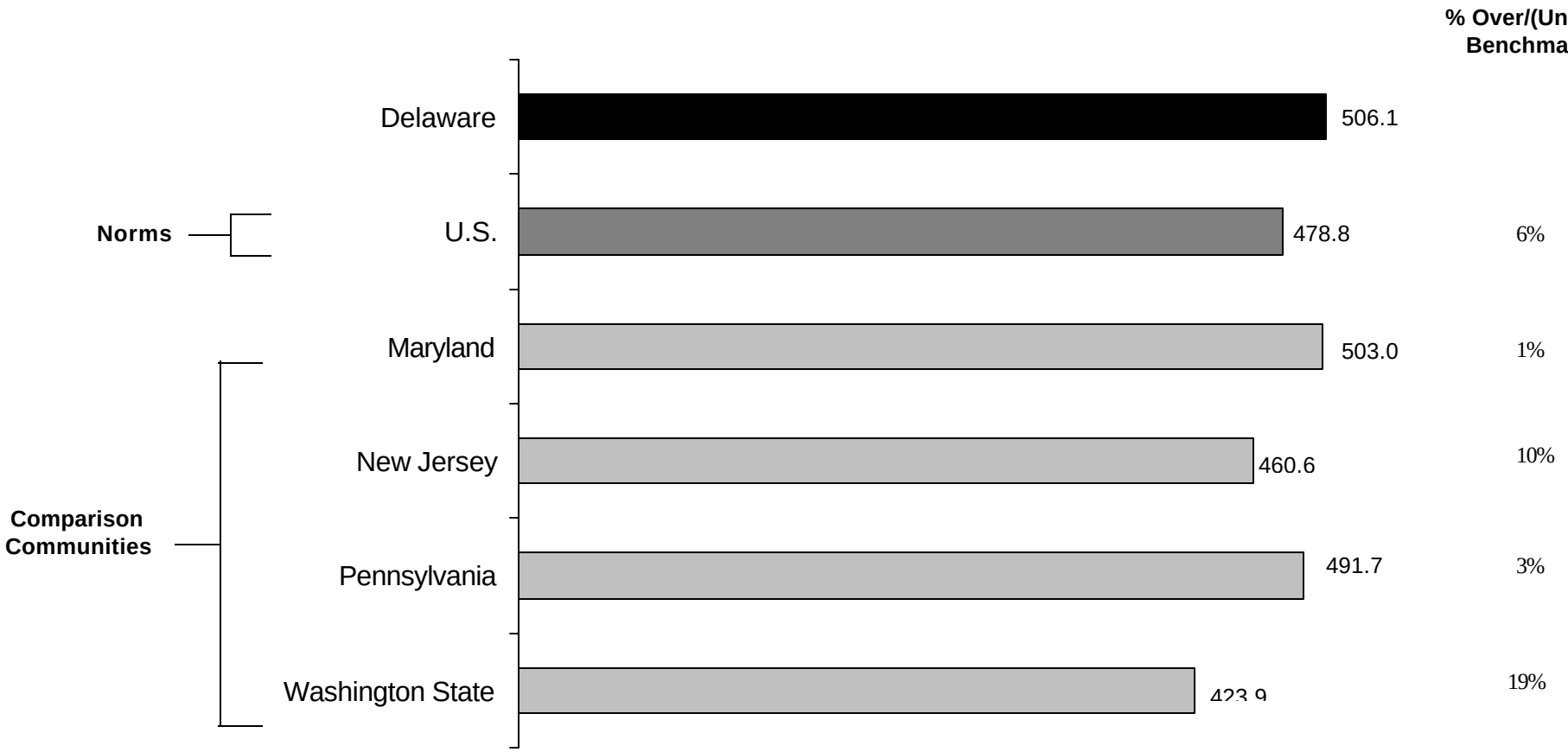
Our analysis of the Area's resources shows that the Area has an adequate supply of physician and hospital resources. Practice location, use of non-physician resources and willingness to accept publicly-insured patients may affect access in ways our analysis does not address. The use of emergency services in the Area is comparable to that of comparison communities and norms. Area residents tended to use or report receiving preventative services, namely Pap smears, prenatal care and mammography, at rates comparable to or better than benchmarks.

[2] The five-year average teenage fertility rate for 1993 to 1997 in Delaware was 43.8. The five-year average infant mortality rate for 1993 to 1997 in Delaware was 7.8. The five-year average percentage of low and very low birth weight births for 1993 to 1997 was 8.2 and 1.7 percent, respectively.

- **Data do not always confirm stakeholder perceptions.**
  - Although performance on indicators related to access to health care was similar or slightly better than benchmark communities, stakeholders perceived access to health care as a problem.
  - Stakeholders identified access to health care as a problem. Poverty, lack of or insufficient insurance coverage, language barriers and transportation problems were viewed as the primary factors contributing to access problems. Additionally, community leaders recognized that a growing population of undocumented residents in Delaware may exacerbate these problems.
  - Generally, stakeholders believed that minority populations experience worse health status and have more problems accessing heath care services.

Exhibit I-C-1: Delaware residents experience slightly higher deaths rates relative to residents of benchmark communities.

Age-adjusted Deaths per 100,000 Persons[(a)] 1997



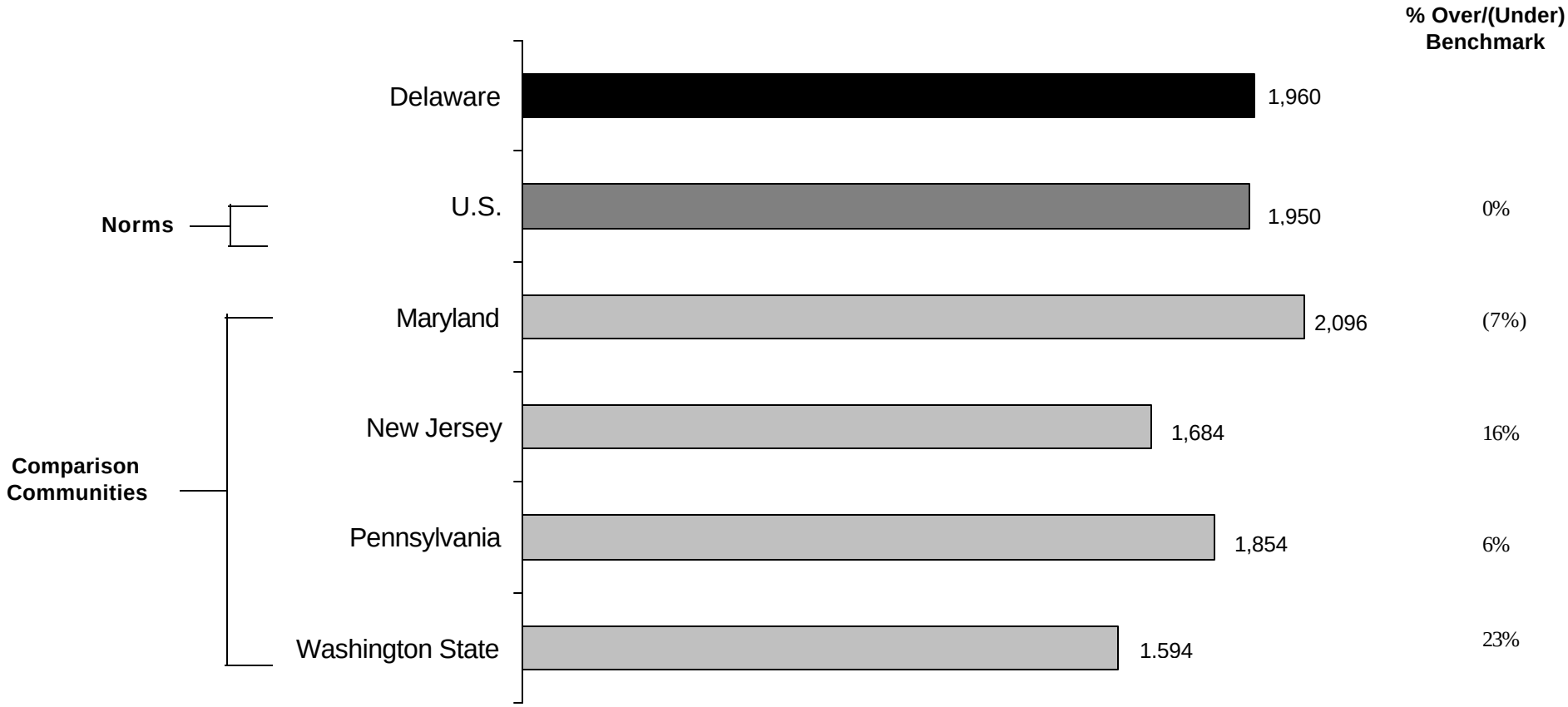
Sources: 1997 data, U.S. National Center for Health Statistics; CDC, CDC Wonder Data Extraction Software.

Notes: (a) Death rates are age-adjusted to the 1940 U.S. national population.

HEALTH	RESOURCE	VALUE
Demographic	Socioeconomic	Health Status

Exhibit I-C-2: Delaware residents' rate of potential years of life lost was slightly higher than those of comparison communities but similar to the U.S.

Potential Years of Life Lost Before Age 65 Due to All Causes of Death per 100,000 Persons Under Age 65 Years[(a)]
1997



Sources: 1997 data, U.S. National Center for Health Statistics; CDC, CDC Wonder Data Extraction Software.

Notes: (a) Potential years of life lost rates are age-adjusted to the 1940 U.S. national population.

HEALTH	RESOURCE	VALUE
Demographic	Socioeconomic	Health Status

Exhibit I-C-3: Delaware residents die at a comparable age to their counterparts in the U.S. and Washington State, younger ages than their counterparts in New Jersey and Pennsylvania and older ages than their counterparts in Maryland.

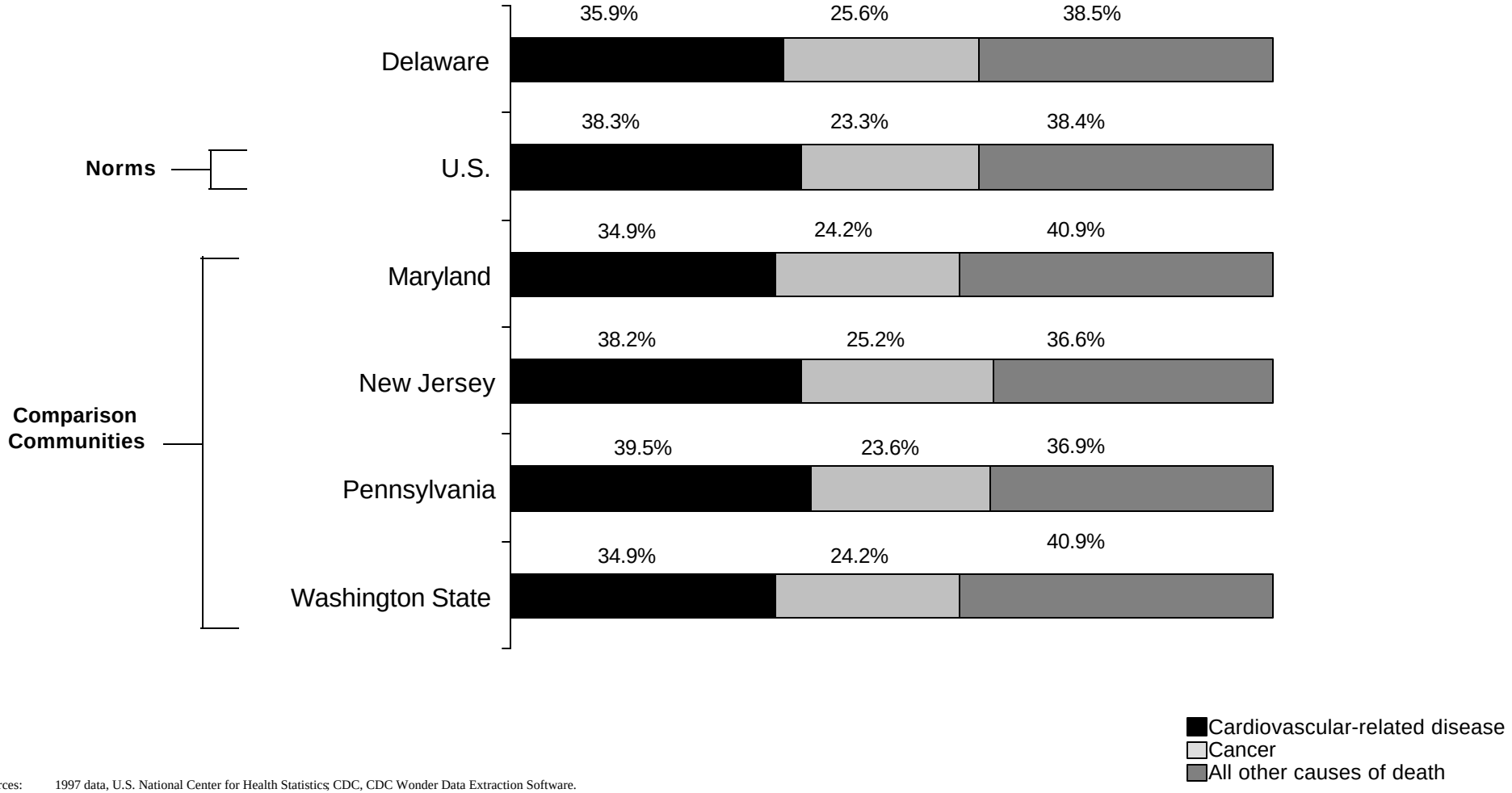
Mortality Age Index[(a) (b)] 1997

Sources: 1997 data, U.S. National Center for Health Statistics; CDC, CDC Wonder Data Extraction Software.

Notes: (a) Death rates and potential years of life lost are age-adjusted to the 1940 U.S. national population.
(b) Reflects the extent to which the difference between Delaware and benchmark mortality rates is greater than or less than the difference between the Delaware and benchmark potential years of life lost rates.

Exhibit I-C-4: Similar to comparison communities and the nation, cardiovascular disease and cancer were the leading causes of death in Delaware, comprising over half the deaths in the state.

Leading Causes of Death 1997

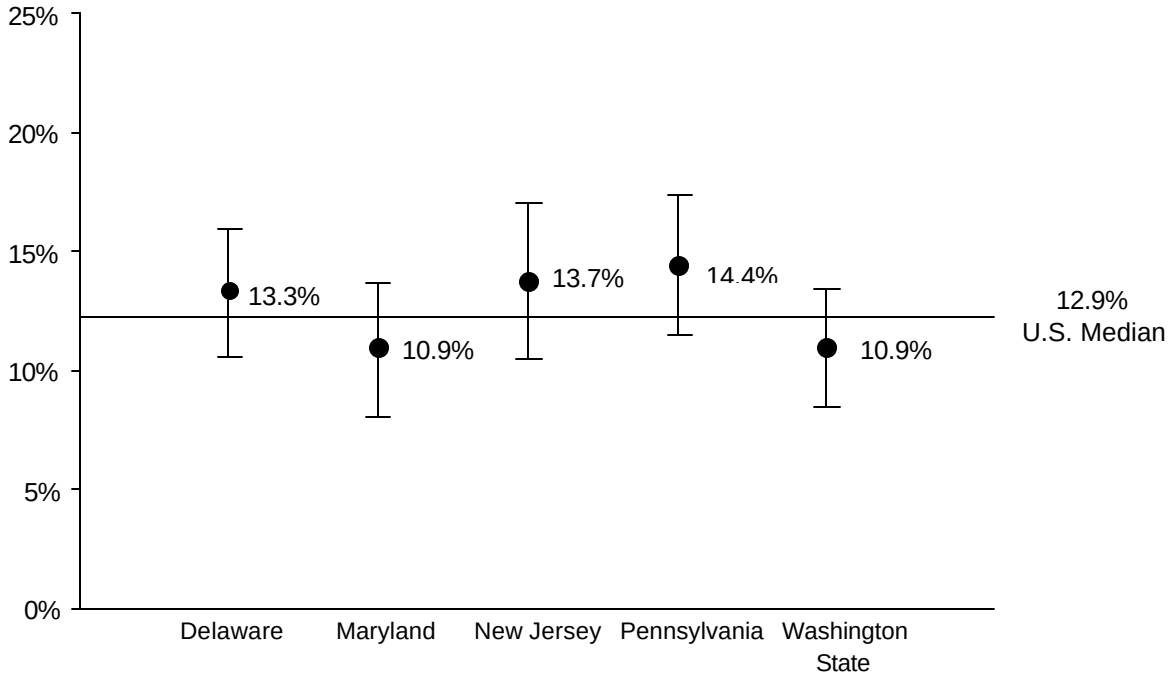


Sources: 1997 data, U.S. National Center for Health Statistics, CDC, CDC Wonder Data Extraction Software.

HEALTH	RESOURCE	VALUE
Demographic	Socioeconomic	Health Status

Exhibit I-C-5: A similar proportion of Delaware residents reported having "fair" to "poor" health compared to benchmarks.

Proportion of Residents Aged 18 Years and Older Reporting "Fair" or "Poor" Health Status 1996

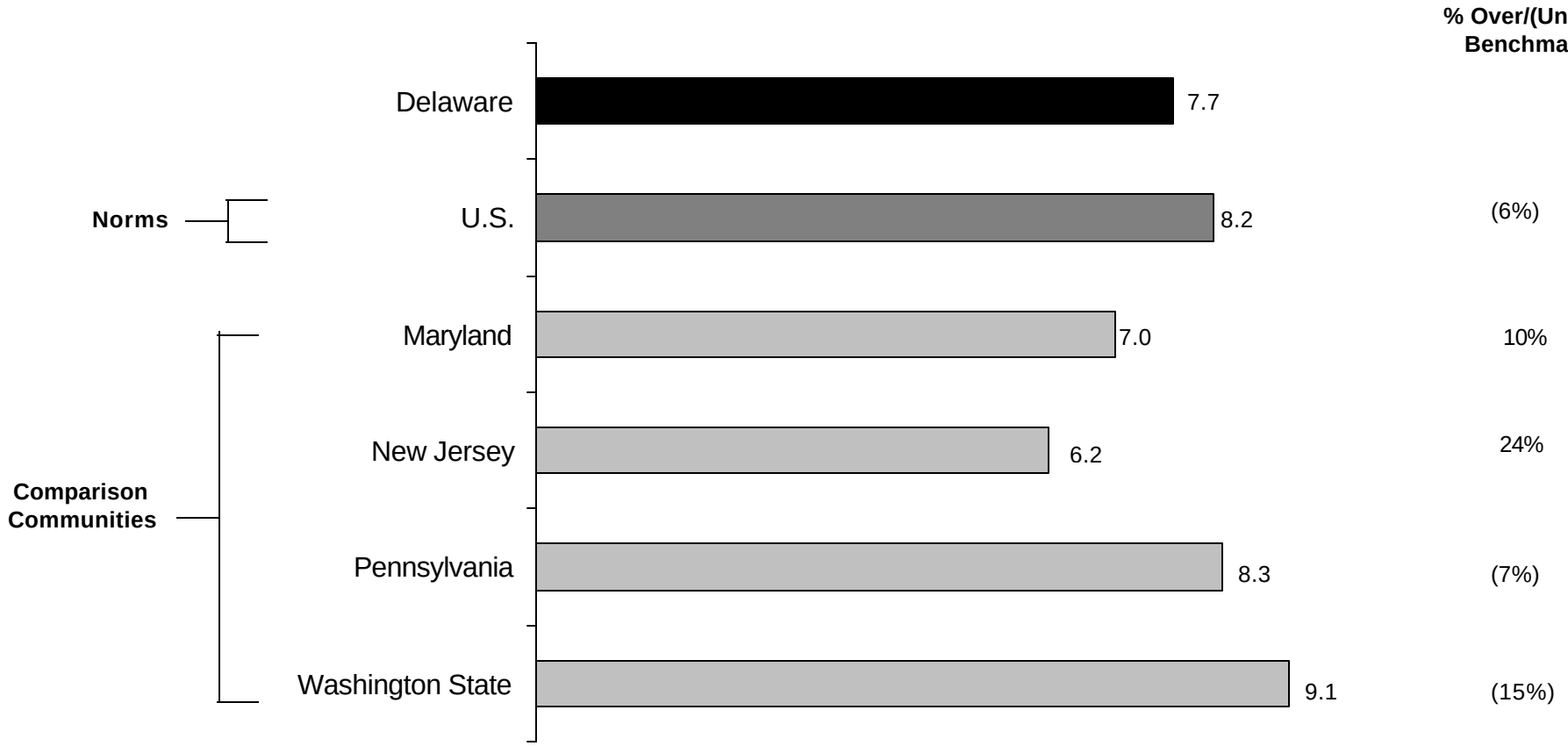


Sources: 1996 Behavioral Risk Factor Surveillance Survey.

HEALTH	RESOURCE	VALUE
Demographic	Socioeconomic	Health Status

Exhibit I-C-6: The rate of work disability in Delaware falls within the range of comparison communities.

Percentage of Civilian Population between Ages 16 and 64 Reporting Work Disability[(a)] 1990

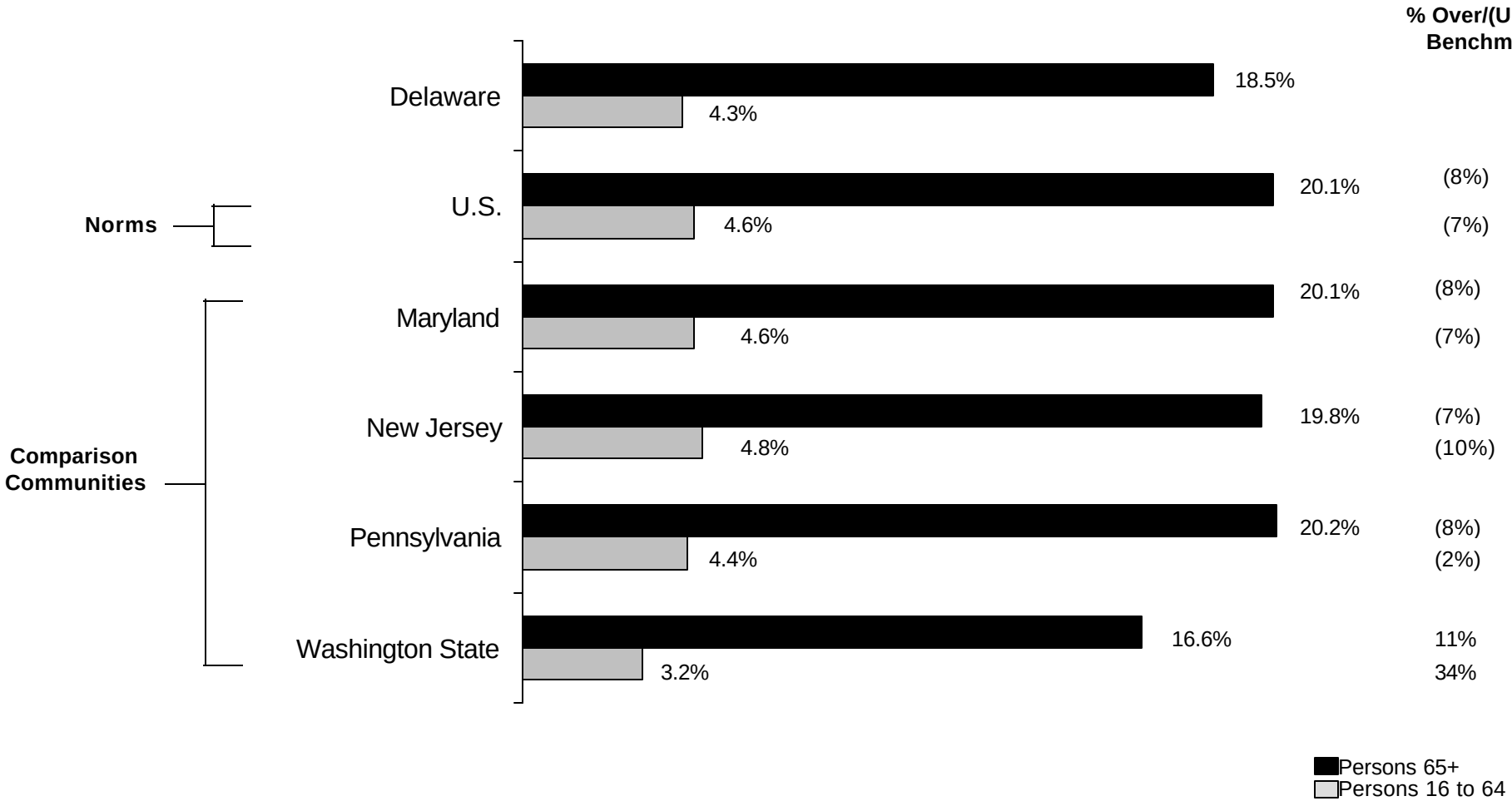


Sources: U.S. Bureau of the Census, 1990.

Notes: (a) Work disability is defined as having a condition for longer than six months which limited the amount or kind of work activity an individual could do at a job or business.

Exhibit I-C-7: In 1990, Delaware's rate of self care and mobility disability rate for the population 16 to 64 and 65 or older was slightly higher than most comparison communities.

Percentage of Population Ages 16 to 64 and 65 or Older Reporting Self Care or Mobility Disability[(a)] 1990



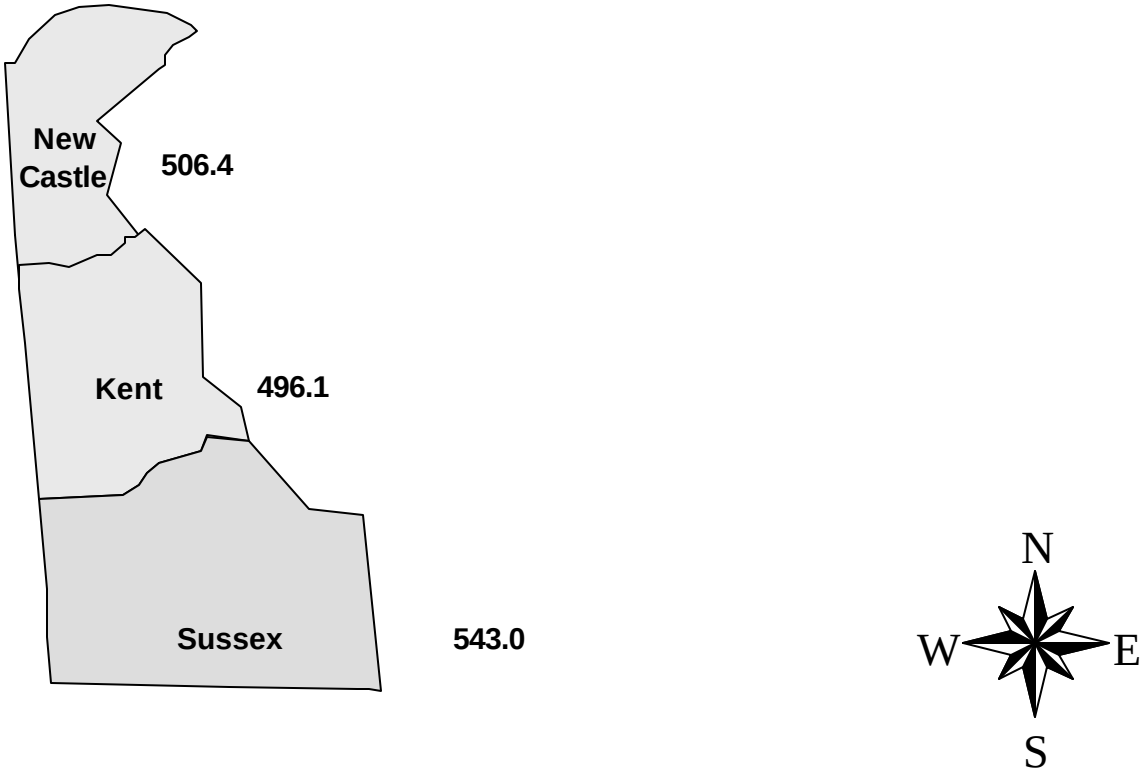
Sources: U.S. Bureau of the Census, 1990.

Notes: (a) Self care limitation is defined as having a condition for longer than six months causing difficulty in attending personal care needs such as bathing or dressing. Mobility disability is defined as having a condition for longer than six months causing difficulty when going outside the home.

HEALTH	RESOURCE	VALUE
Demographic	Socioeconomic	Health Status

Exhibit I-C-8: Sussex County has a higher mortality rate than both New Castle and Kent Counties.

Age-adjusted Deaths per 100,000 Persons by County[(a)] 1997



Sources: 1997 data, U.S. National Center for Health Statistics; CDC, CDC Wonder Data Extraction Software.

Notes: (a) Death rates are age-adjusted to the 1940 U.S. national population.

HEALTH	RESOURCE	VALUE
Demographic	Socioeconomic	Health Status

Exhibit I-C-9: Sussex County residents lose years of life at a higher rate than those of New Castle or Kent County.

Potential Years of Life Lost Before Age 65 Due to All Causes of Death per 100,000 Persons Under Age 65 Years[(a)] 1997

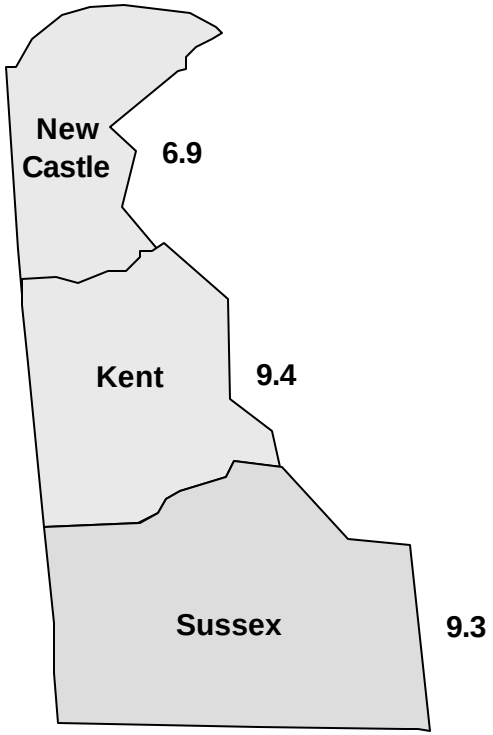
Sources: 1997 data, U.S. National Center for Health Statistics; CDC, CDC Wonder Data Extraction Software.

Notes: (a) Potential years of life lost rates are age-adjusted to the 1940 U.S. national population.

HEALTH	RESOURCE	VALUE
Demographic	Socioeconomic	Health Status

Exhibit I-C-10: New Castle County reports a slightly lower rate of work disability than either Sussex or Kent County.

Percentage of Civilian Population between Ages 16 and 64 Reporting Work Disability[(a)] 1990



Sources: U.S. Bureau of the Census, 1990.

Notes: (a) Work disability is defined as having a condition for longer than six months which limited the amount or kind of work activity an individual could do at a job or business.

HEALTH	RESOURCE	VALUE
Demographic	Socioeconomic	Health Status

Exhibit I-C-11: Sussex County had a lower rate of those 65 years and older reporting self care or mobility disability but a slightly higher rate of those between 16 to 64 years reporting self care or mobility disability than New Castle or Kent County.

Percentage of Population Ages 16 to 64 and 65 or Older Reporting Self Care or Mobility Disability by County[(a)] 1990

Percent Reporting Self Care or Mobility Disability:

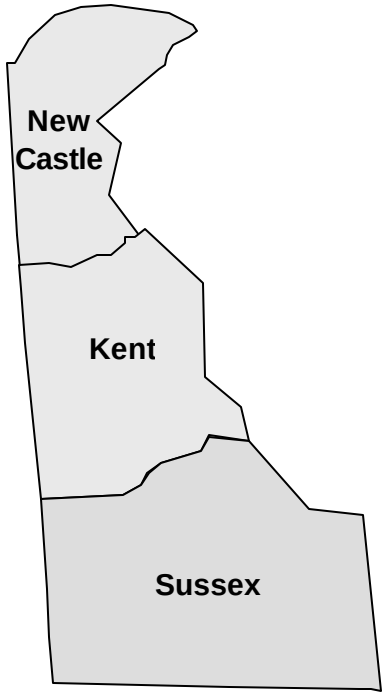
16 to 64 years:	4.1%
65+ years:	19.4%

Percent Reporting Self Care or Mobility Disability:

16 to 64 years:	4.5%
65+ years:	20.7%

Percent Reporting Self Care or Mobility Disability:

16 to 64 years:	5.2%
65+ years:	15.0%



Sources: U.S. Bureau of the Census, 1990.

Notes: (a) Self care limitation is defined as having a condition for longer than six months causing difficulty in attending personal care needs such as bathing or dressing. Mobility disability is defined as having a condition for longer than six months causing difficulty when going outside the home.