

Southern Delaware

Characteristics & Health Needs



DELAWARE RURAL HEALTH INITIATIVE

@ AHL COALITION QUARTERLY MEETING MARCH 12, 2024



What is the *Delaware Rural Health Initiative* (DRHI)?

MISSION:

Delaware Rural Health Initiative's seeks to improve the health of rural Delawareans by advancing an understanding of, and increasing the availability of, health, social, and community services that are needed to uniquely address the prevalent characteristics of southern Delaware.

HOW:

- Coalesce stakeholders
- Identify issues and topics of shared concern
- Identify solutions and opportunities of shared interest & mutual benefit
- Share Information
- Promote Health Policy
- Stimulate development of resources



Southern Delaware is Unique¹

About 40% of the Delaware total population Big Spaces and Small Towns

- | | |
|---|---|
| ❖ Large in land mass | ❖ Lack of public transportation |
| ❖ Racial/ethnic diversity; cultures & customs | ❖ Less providers and specialty services |
| ❖ More seniors | ❖ More poverty |
| ❖ Generational families; beliefs & attitudes | ❖ Highest uninsured |
| ❖ Highest single parent head of household rate | ❖ More social determinant of health needs |
| ❖ Small businesses, tourism, poultry, dairy, crop farming | ❖ More chronic conditions and comorbidities |

"TABLE S1701 - POVERTY STATUS IN THE PAST 12 MONTHS". Census - Table Results. U.S. Census Bureau. 17 March 2022. Archived from the original on 17 March 2022. Retrieved 17 March 2022.

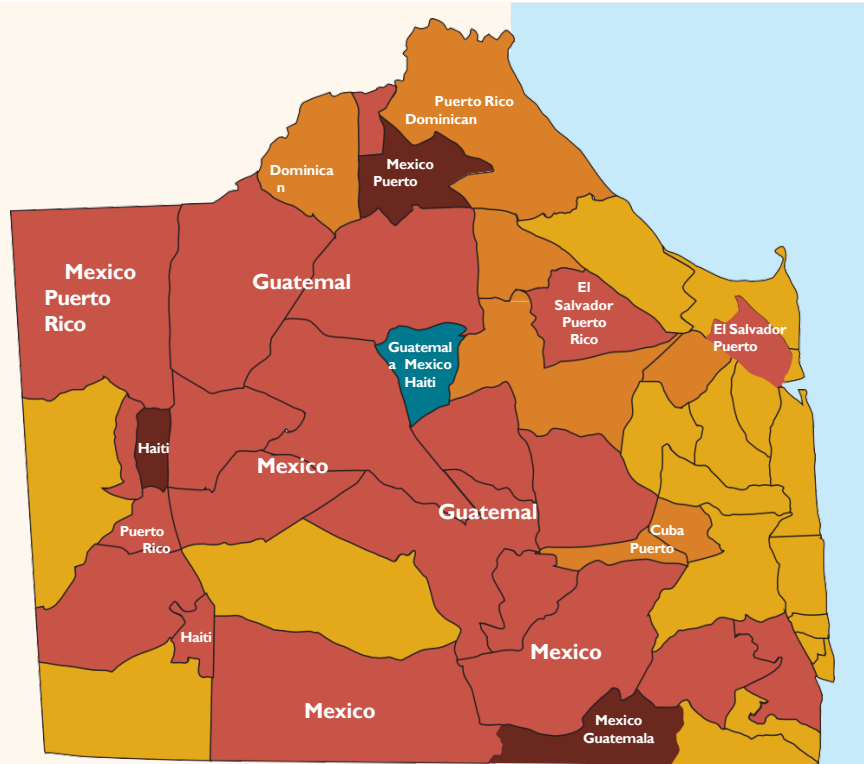
<https://datausa.io/profile/geo/sussex-county-de>



Rapid Growth of Latino Population



In Sussex County, Latinos hail from across the Americas, with a focus on Mesoamerica. Immigrants from the same home countries often live in the same census tracts. This leads to clear clusters — for example, the Guatemalan neighborhood centered in the Kimmeytown area in Georgetown, and Salvadoran spaces in a



In 1990, the census identified 1,476 people of Hispanic origin in Sussex County. By 2020, that number had grown to 21,229. In neighboring Kent
(US Census Bureau)

The graphic shows the numbers of foreign-born Latinos in Sussex County (minus Puerto Ricans, because they are not classified as foreign born) as well as the predominant nationality group in selected census tracts (including Puerto Ricans). Data presented in the graphic came from two different Policy Maps. Source: Policy Map, policymap.com.



Key Indicator Comparisons

	New Castle	Sussex	Kent	Top U.S. Performers	Delaware
Health Outcomes					
Length of Life < 75 years measured in lost years	7,700	8,100	8,000	5,500	7,800
Self-Reported Quality "Fair to Poor"	17%	18%	19%	12%	18%
Health Factor- Clinical Care (measures with the greatest deviation from state to United States rate, and County to County rates)					
Population to Primary Care Provider	1190:1	1610:1	2160:1	1030:1	1390:1
Population to Dental Provider	1710:1	4410:1	2510:1	1240:1	2150:1
Population to MH provider	310:1	540:1	570:1	290:1	380:1
Preventable Hospital Stays Measured in days	5189	4463	5870	2761	5045
Health Factor- Social & Economic (measures whose overall DE rate are greater than 5 points from the U.S. Top Performers norm)					
Some College	65	53	60	73	62
Child Poverty	16	22	20	11	18
Child in Single Parent Home	36	37	40	20	37
Violent Crime	551	406	448	63	499
Injury Deaths	75	80	77	58	76
Health Factor- Behaviors (measures whose overall DE rate are greater than 5 points from the U.S. Top Performers norm)					
Adult Obesity	29%	33%	35%	26%	31%
Physical Inactivity	26%	30%	31%	20%	28%
Access to Exercise	97%	74%	67%	91%	86%
Alcohol-related driving deaths	30%	32%	29%	11%	30%
Sexually Transmitted Infections	561.8	458.9	686	161.4	560.5
Teen Births	17	32	21	13	20

Chronic Disease Indicator	New Castle County	Kent County	Sussex County
Adults who are obese	29%	34%	32%
Adults with diabetes	10%	13%	13%
Adults who smoke	17%	18%	18%
Physically Inactive Adults	23%	30%	28%

: Robert Wood Johnson Foundation, 2019 County Health Rankings Report, "Delaware 2019."



Community Health Needs Assessment (CHNA)

The Patient Protection and Affordable Care Act (the ACA), enacted March 23, 2010, added new requirements for organizations that operate one or more hospital facilities described in Section 501(c)(3).

CHNAs, along with associated implementation strategies to address identified needs, are required every three years. The statute's requirements further specify that the CHNAs *"take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of, or expertise in, public health"*.





Southern Delaware Results



Contact:

Terry Towne, MSN, RN, NPD-BC, NE-BC Nursing
Professional Development Specialist Clinical
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PRIORITIES	STRATEGIES
<ul style="list-style-type: none">❖ Obesity❖ Mental Health❖ Social Determinants❖ Preventable ED visits & hospitalizations❖ Cost of healthcare❖ Access to providers	<p style="text-align: center;">Build community connections- UNITE DELAWARE</p> <p style="text-align: center;">Deliver Community Wellness Clinics in Milford, Lincoln, Georgetown & Dover</p>

UNITE DELAWARE

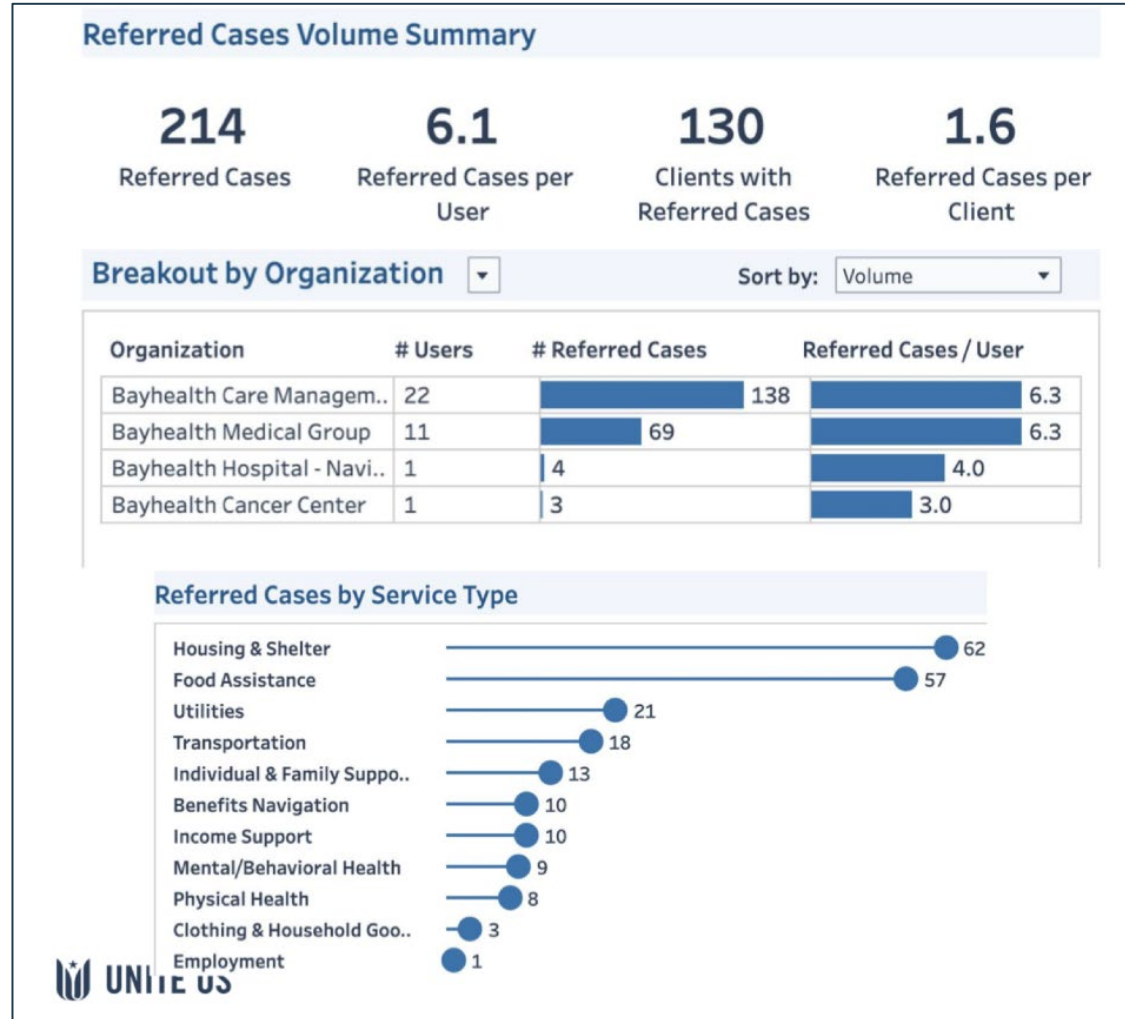
<https://uniteus.com/networks/delaware/>

A coordinated care network consisting of healthcare, government, nonprofit, and other organizations. CBOs can join network for free.

Partners use Unite Us software to screen clients for SDOH & link to network resources.

Unite Us provides analytics that facilitate reporting and payment.

SAMPLE REPORT





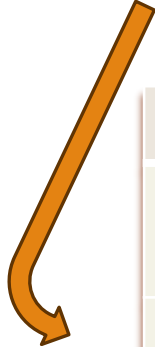
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Contact:

Kim Blanch, BSN, RN
Director, Community Outreach

*All through lens of Health Equity
& SDOH*



PRIORITIES	STRATEGIES
Mental Health & Substance Use Disorder	Expand access through integrated services
Cancer, Heart Disease, HBP & Diabetes	Prevention & Self Management Programs
Obesity & Nutrition	“Food as Medicine” initiatives



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Contact:

Kelli Thompson, JD
Director, Population Health

PRIORITIES	STRATEGIES
<ol style="list-style-type: none">1. Access to Mental Health Care2. Access to Medical Health Providers & Dentists3. Assistance with Basic Needs	<p>Expand Nemours “Care Closets” at all practice sites and additional sites- to provide basic necessities and food.</p> <p>Measure impact through SDOH screening and analytics.</p>

If a family identifies a need on their Social Determinants of Health screening survey, a care coordinator from the practice will determine if needed supplies are onsite. Supplies are donated by local organizations or Nemours associates, some are purchased, and some come from government sources.



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Katherine Rodgers, MPH
Director of Community Health Initiatives

PRIORITIES	STRATEGIES
<ul style="list-style-type: none">❖ Access and Health Equity❖ Behavioral Health❖ Chronic Disease and Wellness	<p>Community Health Workers</p> <p>Behavioral health integration</p> <p>Prevention & Self Management programs</p> <p>Community health screenings</p>



Thank you!

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