

2014 Delaware Survey of Children's Health



Delaware Survey of Children's Health (DSCH)

- 1) About the Delaware Survey of Children's Health
- 2) Report back on findings from quality improvement activity

About the Delaware Survey of Children's Health

About the DSCH

- **Sponsored by Nemours Children's Health System**
- **Comprehensive health surveillance instrument for Delaware children**
 - Weight status, physical activity, healthy eating, health conditions, and children's neighborhood and family environments, and more
- **Goal: support data-driven decisions to improve the health of children in Delaware**

Sampling Design

- **Sample represents all Delaware households with one or more children age birth through 17 years**

- 2,657 households surveyed in 2014

- **Parent-reported data**

- **Designed for analysis and comparison of children by:**

Geographic Location

- City of Wilmington
- New Castle County (NCC)
- NCC, excluding Wilmington
- Kent County
- Sussex County

Age Group

- Birth through 5
- 6 through 11
- 12 through 17

Race and Ethnicity

- Hispanic
- Non-Hispanic Black
- Non-Hispanic White
- Other

Dissemination Quality Improvement (QI) Activity

Dissemination Quality Improvement (QI) Activity

- QI survey administered June 24, 2016 at SEOW meeting
- 11 attendees completed and returned the survey
- The survey consisted of primarily open-ended questions.
- Survey feedback was reviewed by a team of NHPS investigators to identify themes across survey responses including:
 - best practices,
 - lessons learned, and
 - recommendations for future dissemination.

Dissemination QI Activity: CHANNELS

- Respondents reported a variety of dissemination channels to be effective: in-person presentations, electronic channels, and print materials.
- Social media received mixed support as a potentially effective strategy.

Channels	Why Effective
In-Person Presentations	<ul style="list-style-type: none">• Allow for interaction (e.g, questions & follow-up)• Allow for education on what the findings mean• Able to target specific groups (e.g., legislators, agency directors, professional organizations, direct service delivery groups, grant writing associated organizations)
Electronic communications (including social media)	<ul style="list-style-type: none">• Use of technology allows for quick and broad dissemination• Electronic communication is the norm
Print material	<ul style="list-style-type: none">• Capture the audience's attention with interesting and relatable data (specifically infographics)

Dissemination QI Activity: **PRODUCTS**

- **Variety of dissemination products reported to be effective:** fact sheets or datagrams that referenced where to get more in-depth information (e.g., web site, detailed report), brochures, short reports, data briefs, PowerPoint slides, infographics, and commercials.

Products	Why Effective
Fact sheets/datagrams	<ul style="list-style-type: none">• Portable• Immediately available• Can be printed or electronically disseminated
Short reports (topic specific)	<ul style="list-style-type: none">• Specific topics seemed to drum up interest more than a long report, which can be overwhelming
Data briefs	<ul style="list-style-type: none">• Provide relevant information for program development and grant writing
Infographics	<ul style="list-style-type: none">• They capture the audience's attention with interesting and relatable data

Dissemination QI Activity: **PARTNERS**

- **Variety of disseminations partners reported to be effective:** individuals (including legislators and agency directors), organizations, coalitions (e.g., prevention, treatment, health care, law enforcement agencies), and informal networks.
- **Specific partners:** physician offices, school nurses, Latin American Community Center, La Red Health Center, Health Ministries, Delaware Prevention Coalition, United Way of Delaware, Association of Fundraising Professionals – Brandywine Chapter, and Delaware Association for Nonprofit Advancement.

Partners	Why Effective
Individuals	<ul style="list-style-type: none">• Advocate can connect you to audience you desire to reach• Get information to those with connections & impact
Organizations	<ul style="list-style-type: none">• Data can be tailored to specific organization
Informal networks	<ul style="list-style-type: none">• Delaware community is small enough that we are able to keep track of people even when they change jobs• Data can be tailored to specific organization, network
Coalitions	<ul style="list-style-type: none">• Broad reaching• Get information to those with connections & impact

Dissemination QI Activity: **LESSONS LEARNED**

“I wouldn’t do this again...”

- Rely on any one **single strategy**
 - For example: posting information on a web site but not promoting the web site through any other strategies
- **Rely on audience** to seek out material online
- Disseminate literature at **health fairs**
- Host **meetings with little incentive** for attendees

“But I would try this in the future...”

- **Gather more input** regarding what information would be beneficial to the target audience
- **Utilize multiple strategies** such as social media, print materials, peer groups, and partnership with other similar service agencies for dissemination

Dissemination QI Activity:

“Here’s what you (DSCH) should do...”

- Share the data with a large network of individuals and organizations using multiple channels and products
- Target large groups and organizations that use data from similar surveys (e.g., YRBS)
- Include both electronic methods (e.g., email) and in-person strategies
- Sharing data in slide format
- Connect DSCH data to other survey data

Dissemination QI Activity:

General Conclusions and Recommendations

Channels

- Use multiple dissemination channels, including in-person presentations, electronic channels, and print materials.
- Be proactive in getting the data to the target audience. Do not rely on the target audience to actively seek out the data.

Products

- Use a mix of dissemination products, including shorter materials (e.g., fact sheets and infographics) that referenced where to get more in-depth information, data briefs, and PowerPoint slides.

Partners

- Leverage existing relationships with individuals who can advocate within their organizations or can use the data for great impact (e.g., legislators, agency directors).
- Distribute information through organizations, coalitions, and informal networks whose work can be influenced by the data.

NHPS Datacenter: datacenter.nemours.org

Explore health topics

PROFILE REPORT | **TREND REPORT**

FIRST, SELECT A LOCATION TO PROFILE. (You can add more later.)

NATIONAL & STATE	COUNTIES	WILMINGTON-RELATED
Delaware	Kent New Castle Sussex	New Castle excluding City of Wilmington City of Wilmington

THEN, SELECT ONE OR MORE INDICATORS.

- > Body weight
- > Medical care
- > Long term conditions and asthma
- > Neighborhood Characteristics
- > Healthy eating
- > Active living
- > Other health behaviors
- > Healthy lifestyle campaigns

[Create Report](#)

2014 Delaware Survey of Children's Health
FROM A PARENT'S PERSPECTIVE

The Delaware Survey of Children's Health (DSCCH), sponsored by Nemours Children's Health System (Nemours), is one of the most comprehensive health surveillance instruments for Delaware children ages birth through 17 years. Using parent-reported data from the DSCCH, this material provides a snapshot of the state of Delaware children's health in 2014. This snapshot includes vital population indicators for 2014 as well as a select number of statistically significant changes over time between 2011 and 2014. We hope you will use this information to make informed data-driven decisions to improve children's health.

KEY FINDINGS

- 17%** had ever been diagnosed with asthma
- 54%** consumed 5+ servings of fruits and vegetables per day
- 86%** in "excellent" or "very good" health
- 59%** lived in neighborhoods "definitely" safe for children to play outside
- 53%** of all obese children are considered by their parents to be "normal weight!"
- 63%** consumed 2 or less cups of sugar-sweetened beverages per week
- 36%** overweight or obese
- 55%** were physically active for 60+ minutes every day

Read data briefs synthesizing DSCCH findings on a variety of topics

DELAWARE SURVEY OF CHILDREN'S HEALTH: Childhood Asthma in Delaware

Introduction

The Delaware Survey of Children's Health (DSCCH), sponsored by Nemours Children's Health System (Nemours), is one of the most comprehensive health surveillance instruments for Delaware children, with results from more than 2,600 households with children ages birth through 17 in 2014. Administered in 2006, 2008, 2011 and 2014, the DSCCH provides valuable data on multiple aspects of children's health — including general health status, weight status (BMI), physical activity, healthy eating, health conditions, and children's family and neighborhood environments — that can be used to inform data-driven decisions to improve children's health.

Lifetime Asthma Prevalence in Delaware: Higher Than the National Prevalence & Varies by Demographic Group

To assess lifetime asthma prevalence, parents were asked, "Has a doctor, nurse or other health professional ever told you that (your child) has asthma?" DSCCH data show that 17 percent of Delaware children, ages 0-17, had ever been diagnosed with asthma (referred to as "lifetime asthma") in 2014. This is higher than the national prevalence of 14 percent.

Data from DSCCH show statistically significant differences (p<.05) by gender, age and racial/ethnic groups regarding lifetime asthma prevalence (Figure 1):

- Male children were more likely to have lifetime asthma (20 percent), compared to female children (15 percent). However, there is some variation in gender differences by race. Among non-Hispanic Black children, ages 0-17, females were more likely to have lifetime asthma (18 percent) than males (13 percent).
- Adolescents ages 12-17 were more likely to have lifetime asthma (23 percent) than children ages 0-11 (18 percent) and children ages 0-5 (12 percent).
- Non-Hispanic Black children were more likely to have lifetime asthma (31 percent) than Hispanic children (15 percent) and non-Hispanic White children (14 percent).

There were no significant differences among four locations within Delaware, although the highest lifetime asthma prevalence was observed in the City of Wilmington (24 percent), followed by Kent County (19 percent), New Castle County excluding the City of Wilmington (17 percent), and Sussex County (14 percent).

Nemours. Health & Prevention Services

View data by location, age, gender, and race/ethnicity



Q & A



Kristina Olson, MHS

Evaluation and Research Scientist

Nemours Children's Health System

Division of Health & Prevention Services

kristina.olson@nemours.org