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)
 6 through 11
 Non-Hispanic Black
- NCC, excluding Wilmington
- Kent County
- Sussex County

Age Group

- Birth through 5 Hispanic
- 12 through 17

Race and Ethnicity

- 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 disseminations channels to be effective: in-person presentations, electronic channels, and print materials.
- Social media received <u>mixed</u> support as a potentially effective strategy.

Channels	Why Effective
In-Person Presentations	 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)	 Use of technology allows for quick and broad dissemination Electronic communication is the norm
Print material	 Capture the audience's attention with interesting and relatable data (specifically infographics)



Dissemination QI Activity: PRODUCTS

 Variety of disseminations 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	 Portable Immediately available Can be printed or electronically disseminated
Short reports (topic specific)	 Specific topics seemed to drum up interest more than a long report, which can be overwhelming
Data briefs	 Provide relevant information for program development and grant writing
Infographics	 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	 Advocate can connect you to audience you desire to reach Get information to those with connections & impact
Organizations	Data can be tailored to specific organization
Informal networks	 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	 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.

<u>Partners</u>

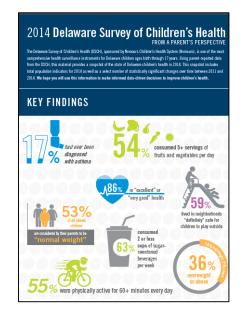
- Leverage existing relationships with individuals who can advocate within their organizations or can use the data for great impact (e.g., legislators, agency directors).
- Distribute information through organizations, coalitions, and informal networks whose work can be influenced by the data.



NHPS Datacenter: datacenter.nemours.org

Explore health topics





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

Nemours. Health &



Read data briefs synthesizing **DSCH findings** on a variety of topics



Lifetime Asthma Prevalence in Relaware

Higher Than the National Prevalence & ponsored by Nemours Children's Health System Varies by Demographic Group (Nemours), is one of the most comprehensive health To assess lifetime asthma prevalence, parents were asked, "Has a doctor, nurse or other health professional ever rycillance instruments for Delaware children, with re from more than 2,600 households with children ages birt through 17 in 2014. Administered in 2006, 2008, 2011 and 2014, the DSCH provides valuable data on multiple told you that [your child] has asthma?" DSCH 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 nation aspects of children's health - including general health atus, weight status (BMI), physical activity, healthy eatin tions, and children's family and neighborhook s — that can be used to inform data-driven prevalence of 14 percent.

Data from DSCH show statistically significant difference (pe.05) by gender, age and racial/ethnic groups regarding lifetime asthma prevalence (Figure 1).



include questions regarding childhood asthma. Childhoo asthma is a lifelong, chronic disease impacting nearly 10 million children in the United States in 2014.2 Asthma

can impact a child's quality of life; however, symptoms can be controlled and asthma attacks can be avoided through patient compliance with prescribed medication

nd avoidance of asthma triggers such as dust mites and

tobacco smoke.3 This data brief highlights the prevalence of lifetime asthma, defined as children who had ever been diagnosed with asthma; asthma management through education; barriers to asthma medication management; the relationship between lifetime asthma and

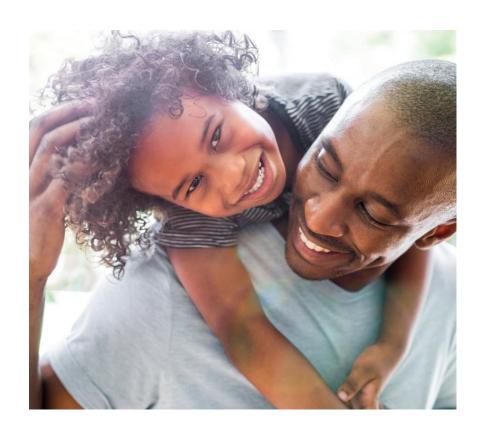
weight status; and the prevalence of lifetime asthma and obesical activity limitations

- authma (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 (38 percent) than males (23 percent)
- Adolescents ages 12-17 were more likely to have (18 percent) and children ages 0-5 (12 per
- Non-Hispanic Black children were more likely to have lifetime asthma (31 percent) than Hispanic children (15 percent) and non-Hispanic White children

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

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Q & A



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