



*DELAWARE HEALTH AND SOCIAL SERVICES*  
Division of Public Health

# **State of Delaware State Health Assessment Goals and Strategies Report**

**April 2013**

 APS Healthcare

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**Note:**

The Division of Public Health will be acknowledged when the report is quoted or referenced using the following format: “Delaware Health and Social Services, Division of Public Health. State Health Assessment, Goals and Strategies Report, April 1, 2013.”

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## INTRODUCTION

### A. Purpose

The Delaware Division of Public Health (DPH) is working to improve community health in the State through partnerships with community members and stakeholder organizations. To accomplish this goal, the State is conducting a community-wide strategic planning process by using the Mobilizing for Action through Planning and Partnerships (MAPP) model. The purpose of this document is to report on the goals and strategies of the planning process, Phase 5 of the MAPP process.

### B. Background

#### 1. The MAPP Framework

The MAPP framework was developed by the National Association of County and City Health Officials (NACCHO) as a strategic approach towards improving local public health systems by prioritizing public health issues, identifying resources for addressing them, and taking measurable strategic actions. Although designed to be used as a county or local health assessment tool, it is broad in scope and could be easily modified to serve as a statewide model. It was also a natural selection because of the central role of the Division of Public Health as both the county and state organization of public health for Delaware.

The MAPP process is unique in that it uses a broad definition of the local public health system as more than just the local health department. Other organizations such as hospitals, businesses, faith organizations, and community-based organizations all play a critical role in assuring the public's health as well. Additionally, the local public health system includes all public, private and voluntary entities, as well as individuals and informal associations that contribute to public health services (source: MAPP website).

The MAPP process is divided into six Phases:

1. Organizing for Success and Partnership Development
2. Visioning
3. Assessing
4. Identifying Strategic Issues
5. Formulating Goals and Strategies
6. Action Phase – Implementing and Evaluating

The process is captured in the schema below:



## 2. Vision Statements and Underlying Common Values

During the second phase of the MAPP process, Visioning, 31 stakeholders from over 20 different organizations met to develop a list of vision statements to guide the rest of the planning process. These vision statements represent the common values of the stakeholder organizations and a picture of what the public health system in Delaware will ideally look like in 5-10 years.

### **The State of Delaware Vision Statements for Public Health**

1. Emphasis on a comprehensive, holistic definition of health for individuals, families, and communities in the State of Delaware.
2. Policies allow Delawareans to have the easiest choices be the healthiest choices.
3. A coordinated system that values the wellbeing of the individual with shared goals of prevention, patient-centered care, and a healthy and safe environment.
4. Delawareans have enough knowledge and information to be accountable for their health behaviors and to make informed decisions.
5. Promote healthy behavior change through providers, education, supportive policies and systems.
6. Achieve optimal health by ensuring that all Delawareans receives primary and specialty care in medical homes that are integrated within the community.
7. Eliminate barriers to achieving optimal health such as accessibility, transportation, disparities, and lack of insurance coverage.
8. Maximize resources by increased collaboration between providers and community resources to reduce duplicity of services and contain costs.
9. Remove stigma and fears associated with accessing physical and behavioral health services.
10. Provide equitable, integrated access to care throughout the lifespan.
11. Ensure people have full access to culturally competent quality and comprehensive health care services.
12. All healthcare providers utilize integrated health information technology to optimize health care services.

### 3. Identification of Strategic Issues and Survey Results

Phase 4 of the MAPP process, Identifying Strategic Issues, built upon the first three phases of the model. APS Healthcare and the Division of Public Health (DPH) used the Vision Statements written by committee members (Phase 2), data collected from the Assessments (Phase 3), as well as data collected from the stakeholder meetings which took place in April 2012 and July 2012, to identify the twelve most critical public health issues to address in the community. According to the MAPP framework, these strategic issues:

- Represent a fundamental choice to be made by the community and local public health system leaders;
- Usually center around a tension or conflict to be resolved;
- Might be addressed in many different ways;
- Must be something that the local public health system can address; and
- Should relate to more than one of the four MAPP Assessments.

The strategic issues inform the final two phases of the process, i.e., Phase 5, specifying measurable Goals and Strategies to address each issue (the focus of this report), and Phase 6, the Action Phase where the plan is implemented and evaluated.

Once the twelve strategic issue questions were identified, MAPP committee members were asked to rank them in order of importance using an online survey tool. Stakeholders sorted the strategic issues into three categories based on their organization's priorities: the four strategy questions that were considered the most important; the four strategy questions that were considered somewhat important; and the four strategy questions that were considered the least important. The order of strategic issues within each category did not matter.

Twenty-nine MAPP committee members responded to the survey. APS Healthcare compiled the responses and ranked the strategic issues based on the percentage of respondents who identified each issue as either one of the most important strategic issues or a somewhat important strategic issue.

While it is very important to address all 12 strategic issues to improve Delawareans' health, the DPH and APS Healthcare decided to focus primarily on the nine highest ranked strategic issues based on the criteria above (Issues 1 through 9 in the following table) to ensure the plan is efficient and actionable.

Table 1. Results of Strategic Issues Survey\*

Strategic Issue	Combination of Highest and Somewhat	Highest Priority	Somewhat Important Priority	Lowest Priority
1. How can health care and public health agencies improve coordination of care?	89.7% (n=26)	58.6% (n=17)	31.0% (n=9)	10.3% (n=3)
2. How can the health community effectively identify and address the behavioral health treatment and mental well-being needs of the population?	89.7% (n=26)	51.7% (n=15)	37.9% (n=11)	10.3% (n=3)
3. How can we develop coordinated and comprehensive systems that promote primary prevention and lasting behavior change such as eating well, increasing physical activity and reducing/eliminating risky behaviors?	86.2% (n=25)	55.2% (n=16)	31.0% (n=9)	13.8% (n=4)
4. How can health care providers and organizations work together effectively to consolidate overlapping service offerings, maximize current resources and address service gaps to provide the most comprehensive health care to the people of Delaware?	79.3% (n=23)	58.6% (n=17)	20.7% (n=6)	20.7% (n=6)
5. How can the health community ensure all Delawareans have access to comprehensive, culturally competent, easily navigable health care services?	69.0% (n=20)	44.8% (n=13)	24.1 (n=7)	31.0% (n=9)
6. How can existing organizations and infrastructure be adapted to meet the specialized and diverse needs of the growing aging population?	65.5% (n=19)	24.1% (n=7)	41.4% (n=12)	34.5% (n=10)
7. How can county stakeholders encourage civic engagement and responsibility to improve public safety and the environmental health of their communities?	62.1% (n=18)	13.8% (n=4)	48.3% (n=14)	37.9% (n=11)
8. How can the public health, government and educational and not-for-profit communities collaborate to create programs that bring more health care providers to the state, especially to Sussex County?	58.6% (n=17)	31.0% (n=9)	27.6% (n=8)	41.4% (n=12)
9. How can Delaware's health community address the increasing racial disparities in health status across the lifespan, especially within the African-American population in New Castle County?	58.6% (n=17)	31.0% (n=9)	27.6% (n=8)	41.4% (n=12)
10. How can the community address the language, income, health care service access, and transportation barriers facing the growing Hispanic population in Sussex County?	55.2% (n=16)	13.8% (n=4)	41.4% (n=12)	44.8% (n=13)
11. How can mental health/mental well-being service providers address/mitigate the cultural issues associated with low treatment utilization?	48.3% (n=14)	10.3% (n=3)	37.9% (n=11)	51.7% (n=15)
12. What changes and improvements can be made on the county level to close existing educational and socioeconomic status gaps to positively position Delaware for future growth?	37.9% (n=11)	6.9% (n=2)	31.0% (n=9)	62.1% (n=18)

The following report divides these strategic issues into three separate priority categories based on stakeholder feedback on their importance. We will address them in **impact order** by focusing first on the three strategic

\* The complete list of Strategic Issues is included as an attachment at the end of this document for your convenience.  
 Delaware Department of Health and Social Services, Division of Public Health

issues identified by the stakeholders as the highest priorities (Issues 1, 2, and 3 in the table above). We hope to facilitate collaboration among agencies and increase engagement in the strategic action plan, thus building momentum to address the remaining issues.

For each strategic issue in this report, we include supporting data to emphasize its importance, a list of stakeholder organizations whose priorities align closely with the issue and who may take the lead on addressing the issue, and a list of specific, measurable goals to address each issue and corresponding strategies.

For many strategic issues, we include established goals from existing coalitions and consortia already working to address different community health issues (such as the Governor's Council on Health Promotion and Disease Prevention and DE Coalition for Healthy Eating and Active Living (DE HEAL)). As much as possible, we will work with and assist these organizations in meeting their goals to achieve a shared vision of improving Delawareans' health.

## I. PRIORITY CATEGORY ONE (Strategic Issues 1, 2, 3)

### A. Strategic Issue 1 - How can health care and public health agencies improve coordination of care?

#### B. Rationale

- The current system is fragmented – links between community-based health care organizations and health care providers need to be established and strengthened to facilitate linking patients to available community health services, as well as to ensure that patients don't get lost to follow up. Increased coordination of care will improve health outcomes for all Delawareans;
- Additionally, the current economic situation may lead to decreased funding for services and programs. It is necessary for increased collaboration between programs to coordinate and streamline service offerings to contain costs and reduce duplication of services;
- Limited service availability in the less populated counties in Delaware – Kent and Sussex – and limited public transportation options can make care coordination especially difficult for patients and providers. Given that many of the populations residing in these areas are more likely to have adverse health outcomes due to lack of transportation and clinical services, coordination of care needs to be a high priority here;
- MAPP committee members recognized need for improved information-sharing within the health system, possibly by using a coordinated electronic health records system;
- Delaware wants to emerge as a leader in developing a statewide electronic health record (EHR) system. In fact, the Delaware Health Information Network (DHIN), which went live in 2007, was the first operational statewide health information exchange in the nation; and
- Committee members also want Delaware to emerge as a leader in providing care through patient-centered medical homes.

#### C. Potential Stakeholders

- Call centers: 2-1-1/Help Me Grow Helpline/Contact Lifeline;
- Delaware Department of Transportation (DelDOT);
- Delaware Healthcare Association;
- Delaware Health Care Commission;
- Delaware Health Information Network;
- Delaware Physicians Care (Aetna);
- Hospitals/Hospital Systems/Health Centers;
- Latin American Community Center (LACC), West End Neighborhood House, Metropolitan Wilmington Urban League, and other community health centers;
- Medical Society of Delaware;
- QI Delaware Health Information Technology Regional Extension Center;
- Quality Insights Delaware; and
- United Healthcare – BCBS and other insurance providers.

#### D. Goals

- Establish universal use of electronic health records (EHRs) for all Delaware residents.
  - Coordinate existing health IT programs and EHRs;
  - Increased provider and hospital buy-in for EHR;
  - Ensure that patients and the public at large are educated and empowered to use patient-managed technology and communication for prevention and care; and
  - Ensure EHRs are capturing the full range of demographic variables including race, ethnicity, disability status, sex, and primary language.
- Standardize and support evidence-based practice to lead to a consistently delivered, high level of care.

- Ensure coverage for patient-centered medical homes for all Delawareans, beginning with state employees.
  - Increase presence of medical homes across the state and inform public about benefits of patient-centered medical homes; and
  - Ensure coverage for medical homes for families of children and youth with special health care needs (CYSHCN) and expand support networks for population once they reach 18.
- Improve the accessibility and promotion of integrated primary and preventive care for all residents, incorporating mental, oral and vision health, especially in Kent and Sussex Counties;
  - Offer educational opportunities to encourage primary care health professionals to integrate mental health screenings/services into their practices, stressing the link between mental and physical health; and
  - Extend the reach of public transportation systems, especially for elderly and disabled populations and for Sussex County residents.
- Build stakeholder website or web-based forum to share resources; and
- Increase service offerings in Sussex and Kent Counties; provide increased access to other statewide services to populations in Kent and Sussex, especially services targeted to the aging population and services for mental health and well-being improvement.

**Strategic Issue 2** - How can the health community effectively identify and address the behavioral health treatment and mental well-being needs of the population?

### A. Ancillary Issues

- Insurance reimbursement rates and coverage issues/increasing number of providers not accepting insurance/cost of mental health care;
- Access to mental health/substance abuse treatment services;
- Lack of qualified providers currently practicing in state;
- Stigma associated with receiving treatment and access to culturally competent mental health services across lifespan; and
- Increased rates of anxiety and depression in difficult economic times.

### B. Rationale

- In the Stakeholder Follow-Up Survey conducted by APS Healthcare, almost half of MAPP stakeholders reported that mental health was a very important public health issue;
- There is very limited data on incidence of mental health issues as they routinely go unidentified and undiagnosed by health providers. Estimates suggest that 37.1% of females and 26.1% of males in Delaware report they suffer from poor mental health<sup>1</sup>. Overall, 31.9% of Delawareans report poor mental health, compared to 34% of the US population<sup>2</sup>;
- Additionally, there are issues with mental health provider recruitment and retention, especially in rural areas: for example, the ratio of FTE psychiatrists to Sussex County residents is 1:22,983<sup>3</sup>;
- Limited access to services: no inpatient psychiatric facilities exist in Sussex County and only one exists in Kent County (Dover Behavioral Health). All other inpatient services – including the Delaware Psychiatric Center, the only psychiatric hospital in Delaware – are in New Castle County;
- Need for increased outreach to homeless and incarcerated populations:
  - Approximately 1 in 4 homeless Delawareans have a mental illness, and 1 in 5 have a chronic substance abuse problem<sup>4</sup>; and
  - Police officers do not have training to respond to people with mental health issues in crisis, and once a person is incarcerated, there are limited opportunities for mental health treatment and little to no coordination of mental health care when they are released<sup>5</sup>.
- Alcohol-only substance abuse admissions have decreased from 42% in 1992 to 10% in 2005, but drug-only admissions have increased from 25% in 1998 to 41% in 2005. There has also been a significant increase in opiates/synthetics admissions, from 433 people in 2006 to 1,397 in 2010 (a 322% increase)<sup>6</sup>.
- Alcohol dependence rates for people 12 and over are lower than national rates, but illicit drug abuse/dependency rates are much higher than national rates, especially when it comes to teen marijuana use.<sup>7</sup>

### C. Potential Stakeholders

- Center for Disabilities Studies, University of Delaware;

<sup>1</sup> Kaiser Family Foundation, 2010. <http://www.statehealthfacts.org/profileind.jsp?cat=2&sub=28&rgn=9>

<sup>2</sup> Ibid.

<sup>3</sup> Bureau of Health Planning and Resources Management, Delaware Division of Public Health. Delaware Rural Mental Health Assessment Summary Report. December 2009

<sup>4</sup> Homelessness Planning Council of Delaware. 2011 Point-in-Time Study Report. [http://www.hpcdelaware.org/documents/2011\\_PIT\\_Data\\_Presentation.pdf](http://www.hpcdelaware.org/documents/2011_PIT_Data_Presentation.pdf)

<sup>5</sup> Bureau of Health Planning and Resources Management, Delaware Division of Public Health. Delaware Rural Mental Health Assessment Summary Report. December 2009

<sup>6</sup> SAMHSA Substance Abuse and Mental Health Issues At-A-Glance. States in Brief: Delaware. [http://www.samhsa.gov/statesinbrief/2009/DELAWARE\\_508.pdf](http://www.samhsa.gov/statesinbrief/2009/DELAWARE_508.pdf)

<sup>7</sup> Ibid.

- Community Mental Health Centers (located in Wilmington, Dover and Georgetown);
- Contact Lifeline;
- Crisis and Psychiatric Emergency Services (CAPES) Mobile Crisis Units;
- Delaware Advisory Council for the Strategic Prevention Framework State Incentive Grant;
- Delaware Department of Transportation (DelDOT);
- Delaware Drug and Alcohol Tracking Alliance (DDATA);
- Delaware Family Voices;
- Delaware Psychiatric Center, New Castle;
- Department of Corrections;
- Department of Education;
- Department of Safety and Homeland Security;
- Division of Substance Abuse and Mental Health;
- Dover Behavioral Health;
- Family SHADE;
- Help Me Grow;
- Home Visiting Programs;
- Medical Society of Delaware;
- Mental Health Association in Delaware (+ their Community Resource Guide);
- National Alliance on Mental Illness-Delaware;
- Parents as Teachers;
- Prescription Drug Abuse Committee;
- School-Based Wellness Centers;
- University of Delaware Center on Drug and Alcohol Studies (CDAS); and
- Visiting Nurse Association.

#### **D. Goals**

- Reduce drug use/abuse rates (especially marijuana, heroin, crack cocaine, crystal meth, prescription drugs, and opiates), particularly among teenage population;
- Offer an increased breadth of mental health screening and treatment services (especially for drug use and abuse, depression/anxiety and suicide risk) in schools, and through school-based wellness centers and counselors;
- Improve data collection methods for an accurate picture of drug abuse rates in population;
- Improve coordination of primary medical and mental health care:
  - Educate primary care providers on available mental health services in their communities, encourage regular screenings for their patients; and
  - Improve follow-up to ensure continuation of care.
- Increase outreach to homeless/incarcerated population and increase coordination between mental health service providers and prison system;
- Develop and disseminate culturally sensitive outreach campaigns/printed materials to help educate the public and reduce stigma surrounding mental health issues:
  - Offer training programs for providers to increase cultural competency, as well as competency working with aging population and their mental health needs; and
  - Expand outreach to high-risk undocumented population in Sussex County.
- Improve transportation systems to facilitate access to existing mental health/substance abuse services:
  - Utilize mobile treatment vans/telemedicine/other innovative approaches to increase access to mental health services to underserved populations.
- Consider opening inpatient hospitalization/day treatment program in Sussex County
- Increase recruitment efforts to bring mental health providers to Delaware, especially in underserved areas (namely, Kent and Sussex County):

- Expand State Loan Repayment Program for mental health practitioners;
- Improve and streamline the credentialing and licensing process to reduce the amount of time it takes for out-of-state providers to receive their license to practice in Delaware; and
- Offer tiered licensing programs to incentivize providers to practice in Delaware.

**Strategic Issue 3** - How can we develop coordinated and comprehensive systems that promote primary prevention and lasting behavior change such as eating well, increasing physical activity and reducing/eliminating risky behaviors?

### Ancillary Issues

There are significant health disparities between the White population and Black and Hispanic populations in Delaware for many measurable physical health outcomes. There is also a growing list of access, status, and outcome disparities experienced by other minority populations in Delaware, such as persons with disabilities and members of the LGBT community.

#### A. Rationale

- Access to clinical services, chronic disease prevention and control, and health education/health promotion were listed as top three very important public health issues by stakeholders in the Pre-MAPP-Kickoff Survey;
- Approximately 39.1% of the Delaware population is obese<sup>8</sup> and obesity rates have doubled since 1990, with the greatest increase in Kent County<sup>9</sup>.
  - 39.1% of adults with disabilities are obese<sup>10</sup>; and
  - In 2008, almost two-fifths of children 2-17 were overweight or obese<sup>11</sup>.
- Only 14.6% of adults consume 2 or more fruits a day and 11.0% consume vegetables 3 or more times a day<sup>12</sup>;
- “Competitive foods” are the foods sold in school vending machines, school stores, snack bars, and canteens as an alternative to meals served in the school cafeteria. They are often energy-dense, nutrient-poor foods, and the presence of these foods in schools reduces participation in federal school meal programs, as well as undermines efforts to promote healthy lifestyles and reduce obesity rates among teenagers<sup>13</sup>. Just under 20% of Delaware middle and high schools offer fruits and vegetables alongside these nutrient-poor options as healthy “competitive food” alternatives to school meals<sup>14</sup>;
- The diabetes rate in Delaware has more than doubled since the 1990s (from 4.3% in 1995 to 9.7% in 2011)<sup>15</sup> and 2010 prevalence rates were much higher in Kent (10.2% of population) and Sussex County (11.6% of population) than in New Castle County (7.2% of population)<sup>16</sup>;
- Rates of sexually transmitted infections (especially chlamydia and gonorrhea) are increasing and are consistently higher than national averages<sup>17</sup>;
- Tobacco use has decreased among adults in recent years due to statewide smoking initiatives, but 21.8% of the adult population currently smokes<sup>18</sup>;
- 33.6% of adults with disabilities currently smoke<sup>19</sup>; and

<sup>8</sup> DHSS, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2011.

<sup>9</sup> County Health Rankings and Roadmaps 2006-2009.

<http://www.countyhealthrankings.org/#app/delaware/2010/measures/factors/11/data>

<sup>10</sup> DHSS, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2010.

<sup>11</sup> Nemours Health & Prevention Services, Department of Policy, Evaluation and Research: 2008 Delaware Survey of Children’s Health.

<sup>12</sup> DHSS, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2011.

<sup>13</sup> Food Research and Action Center. How Competitive Foods in Schools Impact Student Health, School Meal Programs, and Students from Low-Income Families. June 2010. [http://frac.org/pdf/CNR05\\_competitivefoods.pdf](http://frac.org/pdf/CNR05_competitivefoods.pdf)

<sup>14</sup> CDC State Indicator Report on Fruits and Vegetables, 2009.

<http://www.cdc.gov/nutrition/downloads/StateIndicatorReport2009.pdf>

<sup>15</sup> DHSS, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2011.

<sup>16</sup> Ibid.

<sup>17</sup> CDC 2010 Sexually Transmitted Diseases Surveillance. <http://www.cdc.gov/std/stats10/tables.htm>

<sup>18</sup> DHSS, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2011.

<sup>19</sup> DHSS, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2010.

- Tobacco use is still high among middle and high school students and young adults.

## **B. Potential Stakeholders**

- American Cancer Society;
- American Heart Association;
- American Lung Association of the Mid-Atlantic;
- Boys & Girls Clubs of Delaware;
- Center for Disabilities Studies, University of Delaware;
- Children and Families First;
- Delaware Bicycle Council;
- DE Coalition for Healthy Eating and Active Living (DE HEAL);
- Delaware Academy of Medicine (and affiliated medical professional organizations and associations);
- Delaware Center for Health Promotion;
- Delaware Chapter of American Academy of Pediatrics;
- Delaware Department of Transportation (DelDOT);
- Delaware Ecumenical Council on Children and Families;
- Delaware Greenways;
- Delaware Restaurant Association;
- DelaWELL;
- Department of Education;
- Diabetes Coalition;
- Diabetes Prevention and Control Program;
- Department of Natural Resources and Environmental Control;
- Governor's Council on Health Promotion and Disease Prevention;
- IMPACT Delaware Tobacco Prevention Coalition;
- KIDS Count in Delaware;
- Nemours Health & Prevention Services;
- Outdoor Delaware;
- School-Based Wellness Centers;
- Sussex County Health Promotion Coalition; and
- United Way.

## **C. Strengths**

Significant progress has already been made on this strategic issue; there are a number of coalitions and consortia, including the Governor's Council on Health Promotion and Disease Prevention, DE Coalition for Healthy Eating and Active Living (DE HEAL), and the Diabetes Prevention and Control Program, currently working to improve the physical health of the population across the lifespan.

In this report we incorporated many of the goals and strategies identified by these organizations to facilitate coordination of our strategic planning efforts.

## **D. Goals**

### **Goal 1 - Health Promotion**

- Continue to regularly evaluate the effectiveness of current health promotion and disease prevention programs in Delaware;
- Fund comprehensive, targeted, and culturally-appropriate population-level messages to create a culture of health and support individual health improvement;
  - Utilize new communication technologies – smart phones, tablets, laptops – to pursue new avenues for health education.

- Provide training, technical assistance and resources, which includes respect for cultural differences, to communities for effective targeting and planning of evidence-based health promotion campaigns;
  - Expand reach of Health Ambassadors/Promotoras.
- Educate decision makers and key leaders about the importance of prevention and early detection;
- Engage community-based organizations (schools, workplaces, health care, faith-based organizations) to promote healthy lifestyles;
  - Disseminate *Be Proud! Be Responsible!* and *Making Proud Choices!* curricula to schools and community-based organizations (Personal Responsibility Education Program (PREP)).
- Improve health literacy so Delawareans have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions;
- Ensure that exercise/physical activity and healthy eating programs and services are high-quality, culturally appropriate, accessible, available and affordable;
  - Improve built environment and expand trail system (especially in Kent County, where there are only 9 total trail miles<sup>20</sup>) to meet the needs of hikers, cyclists, pedestrians, etc. through Fort Dupont Complex, Thompson Island Trail, White Clay Creek, and Assawoman Canal expansion and development projects; and
  - Promote outdoor recreation (including new trail expansions) and active/alternative transportation through social media marketing campaigns.

### Goal 2 - Healthy Food Access

- Model and adopt policies and best practices such as those developed by the Philly Food Trust<sup>21</sup> to support availability of healthy foods:
  - Develop a plan to eliminate food deserts in Delaware, especially in rural areas;
  - Change policy so that farmer's markets across the state can accept EBT and WIC coupons; and
  - Increase awareness of farmer's markets/food cooperatives/community supported agriculture (CSA) programs, especially for vulnerable populations.
- Develop a state policy and procurement criteria for purchase and provision of healthy, locally grown food by all state agencies, including vending machines in state buildings; and
- Work with the food industry, including food processors, distributors, growers and retailers in the state and region, to improve the nutritional quality of commercially available foods and beverages.

### Goal 3 – Reduce Obesity Rates

- Reduce proportion of children and adults who are obese by 10%;
- Increase proportion of children and adults who engage in regular physical activity (moderate physical activity for 150 minutes/week, or rigorous physical activity for 75 minutes/week) by 10%;
  - Increase the number of schools that implement evidence-based programs that promote healthy eating and physical activity; and
  - Increase the number of schools that provide at least 150 minutes/week of a combination of physical education/physical activity to all students.
- Increase proportion of children and adults who eat five or more servings of fruits and vegetables daily by 10%;
- Offer routine educational opportunities at doctor's visits to parents and patients on recommendations and best practices in the areas of healthy eating, physical activity, reduced screen time, and breastfeeding, especially for families at risk for obesity; and
- Increase social media marketing campaigns and communications to disseminate information about nutrition, healthy eating, physical activity, and healthy lifestyles to the population.

<sup>20</sup> Delaware State Parks. <http://www.destateparks.com/>

<sup>21</sup> <http://www.thefoodtrust.org/>

#### Goal 4 – Improving Children’s Health

- Ensure that existing national Child and Adult Care Food Program (CACFP) and State Office of Child Care Licensing regulations are implemented and sustained throughout Delaware;
- Ensure children receive quality health education, nutrition education and physical education in schools;
- Ensure children in schools and child care have access to healthy foods and beverages and opportunities for physical activity; and
- Improve early detection and treatment of developmental and behavior problems in children through Help Me Grow program initiatives.

#### Goal 5 - Smoking Prevention and Cessation<sup>22</sup>

- Prevent the initiation of tobacco use among Delawareans:
  - Maintain or exceed the current level of law enforcement (97%) on the sale of tobacco to minors through 2015;
  - Increase the number of elementary and secondary schools that implement an evidence-based substance use prevention program that includes tobacco;
  - Reduce past month cigarette use by middle school aged children (from 6.4 to 3.8 percent) and high school aged youth (from 14.9 to 11.3 percent);
  - Reduce past month cigarette use by young adults age 18–24 by 10%.
  - Reduce lifetime tobacco use among middle school aged youth from 23.3 percent to 15.7 percent in 2015.
  - Increase excise tax on cigarettes to be comparable to bordering states by 2015.
- Increase quitting and quit attempts among Delawareans who use tobacco products:
  - Increase the number of tobacco users who receive or use cessation services;
  - Increase the number of health care providers and institutions that adopt and follow the *U.S. Public Health Service’s Treating Tobacco Use and Dependence Clinical Practice Guideline*;
  - Increase insurance coverage for participation in comprehensive tobacco cessation programs; and
  - Ensure accessibility and availability of alternate formats for smoking cessation materials to reach the population with disabilities.
- Reduce exposure to secondhand smoke:
  - Enforce existing policies prohibiting tobacco use on school property and at school-related events;
  - Sustain and enforce the Delaware Clean Indoor Air Act;
  - Increase the number of indoor/outdoor locations and events that are declared and enforced as tobacco-free zones; and
  - Make all state offices and college/university campuses smoke-free zones.
- Decrease the social acceptability of tobacco use:
  - Create additional marketing campaigns geared toward disparate populations, including social media marketing campaigns and counter-marketing campaigns to offset tobacco industry marketing;
  - Ensure messages are culturally competent and relevant to target audiences; and
  - Use evaluation and surveillance data to identify disparities and knowledge gaps so that targeted messages and programs can be developed to reduce those disparities.
- Enhance Delaware’s position of leadership in comprehensive tobacco prevention and control:
  - Ensure public and private resources are available to provide quality, innovative and comprehensive approaches to tobacco control;
  - Restore tobacco prevention funding to CDC-recommended levels;

<sup>22</sup> IMPACT Delaware Tobacco Prevention Coalition. The Plan for a Tobacco-Free Delaware 2011. Delaware Department of Health and Social Services, Division of Public Health

- Provide leadership to leverage statewide coalitions that are aligned with disparate target groups to advocate and promote tobacco prevention programs;
- Provide and publicize evaluation of the Plan for a Tobacco-Free Delaware; and
- Use evaluation and surveillance data to identify disparities and knowledge gaps so that targeted messages and programs can be developed to reduce those disparities.

### Goal 6 –Diabetes Care Management

- Reduce annual number of new cases of diabetes diagnosed in population by 10%<sup>23</sup>;
- Develop universal standards of care for diabetes patients:
  - Approximately 90% of patients diagnosed with diabetes see their doctor annually, but only 60% get HbA1c testing annually and less than 60% test their blood sugar daily<sup>24</sup>;
  - Expand lab vouchers program for uninsured/underinsured Delaware residents;
  - Increase blood pressure testing and provide educational materials to manage diabetes and hypertension to patients with both conditions, and increase proportion of diabetic population who have their blood pressure under control by 10%<sup>25</sup>;
  - Increase number of diabetics who visit the dentist annually by 10%<sup>26</sup>; and
  - Reduce annual number of diagnosed and undiagnosed diabetics who have limb amputations.
- Increase early detection programs, especially among high-risk populations in Delaware;
  - 14.3% of disabled adults in Delaware report a diagnosis of diabetes, compared to 5.9% of adults who are not disabled<sup>27</sup>.
- Educational programs to increase diabetes awareness/preventive strategies (exercise, healthy eating, etc.):
  - Increase number and reach of Certified Diabetes Educators;
  - Increase number of diabetes patients participating in educational programs (currently, less than 50% of attend sessions<sup>28</sup>) by 10%<sup>29</sup>; and
- Expand reach and funding of Emergency Medical Diabetes Fund (EMDF) to provide diabetes care services for high-risk uninsured/underinsured population.

<sup>23</sup> Healthy People 2020 Goals. <http://www.healthypeople.gov/2020/default.aspx>

<sup>24</sup> Delaware Health and Social Services Division of Public Health Diabetes Prevention and Control Program. The Burden of Diabetes in Delaware 2009.

<sup>25</sup> Healthy People 2020 Goals. <http://www.healthypeople.gov/2020/default.aspx>

<sup>26</sup> Ibid.

<sup>27</sup> DHSS, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2010.

<sup>28</sup> Delaware Health and Social Services Division of Public Health Diabetes Prevention and Control Program. The Burden of Diabetes in Delaware 2009.

<sup>29</sup> Healthy People 2020 Goals. <http://www.healthypeople.gov/2020/default.aspx>

**I. PRIORITY CATEGORY TWO (Strategic Issues 4, 5, 6)**

**Strategic Issue 4** - How can health care providers and organizations work together effectively to consolidate overlapping service offerings, maximize current resources and address service gaps to provide the most comprehensive health care to the people of Delaware?

**A. Rationale**

- Continued duplication of services is costly and a waste of resources, especially in difficult economic times when funds are limited;
- Most health care services are in Wilmington/New Castle County, where approximately 60% of the population resides. There is limited funding and access to services in the rest of the state.

**B. Potential Stakeholders**

- All stakeholders

**C. Goals**

- Asset mapping to identify service gaps across the state, as well as overlapping service offerings and potential opportunities for growth in the public health care system:
  - Address resource allocation where there are overlapping service offerings and work with stakeholder organizations to focus on their strengths;
  - Organize existing public health service guides into single, easy-to-navigate resources for patients and providers; and
  - Improve navigability of the DPH website and update the site frequently so information is always up-to-date.
- Expand/develop transportation programs to increase access to health services for rural and other underserved populations;
- Educate providers about existing community health programs, especially those geared towards the populations they serve:
  - Continuing education/follow-up with providers who refer patients to community health services (similar to Help Me Grow model).
- Facilitate connections between stakeholder organizations, possibly through DPH-created website or web-based forum; and
- Implement standardized electronic health records (EHR) across state so that all hospitals, health systems, providers, and community health organizations have up-to-date and complete health information on the patients they treat.

**Strategic Issue 5** - How can the health community ensure all Delawareans have access to comprehensive, culturally competent, easily navigable health care services?

### A. Rationale

- There is a growing Hispanic population in rural Sussex County. This population has limited access to health care, as well as very limited access to public transportation; four bus routes serve a limited area of Sussex County, while there are more than 10 times the number of bus routes covering nearly every part of New Castle County<sup>30</sup>. Undocumented immigrants within this population have even greater barriers to receiving treatment.
- Language barriers are an issue among the Hispanic population in Sussex County as well.
- Access to health services in Kent and Sussex Counties is limited. New Castle County has three times the number of providers as the other two counties combined<sup>31</sup> despite having roughly one and a half times the population of the other two counties combined;
- More than 21% of adults with disabilities report not seeing a provider due to cost, compared to 9.5% of adults without disabilities<sup>32</sup>;
- There were 707 primary care physicians and FTEs in Delaware in 2011 – a rate of approximately 8 FTE physicians for every 10,000 residents in the state<sup>33</sup>. This is much lower than the national average of 24 physicians/FTEs for every 10,000 people<sup>34</sup>, and a slight decrease from the 2008 rate of 8.5 FTE physicians per 10,000 residents (736 PCPs)<sup>35</sup>.
  - Since 2008, the number of PCPs has increased slightly in Kent County (from 89 to 92 FTE PCPs) and Sussex County (from 143 to 163 FTE PCPs), while the total number of PCPs in New Castle County has decreased by almost 10% (from 504 to 454 FTE PCPs)<sup>36</sup>.
- A high percentage of the population is uninsured: in 2010, Delaware had 104,600 non-elderly residents with no health insurance, 14% of the non-elderly state population<sup>37</sup>.
- Potential barrier/opportunity: the Affordable Care Act (ACA). Depending on the outcome of the 2012 election, the ACA may or may not be fully implemented in the future. The ACA would considerably expand access to health care to the uninsured/underinsured population in Delaware, but may be costly to implement and will require significant stakeholder resources to educate the population and enroll eligible Delawareans.

### B. Potential Stakeholders

- Delaware Academy of Medicine;
- Delaware Department of Transportation (DelDOT);
- Delaware Health Care Commission;
- Delaware Physicians Care (Aetna);
- Highmark Blue Cross/Blue Shield of Delaware;
- Medical Society of Delaware;
- School-Based Wellness Centers; and
- United Healthcare.

<sup>30</sup> Delaware Department of Transportation. Delaware Area Regional Transit (DART) System maps. <http://www.dartfirststate.com/information/maps/index.shtml>

<sup>31</sup> University of Delaware Center for Applied Demography and Survey Research (CADSR), 2008.

<sup>32</sup> DHSS, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2010.

<sup>33</sup> Primary Care Physicians in Delaware 2011. University of Delaware Center for Applied Demography and Survey Research, <http://dhss.delaware.gov/dph/hsm/files/pcpinde2011.pdf>

<sup>34</sup> Kaiser Family Foundation US Global Health Policy 2005-10. <http://www.globalhealthfacts.org/data/topic/map.aspx?ind=74>

<sup>35</sup> University of Delaware Center for Applied Demography and Survey Research (CADSR), 2008.

<sup>36</sup> Primary Care Physicians in Delaware 2011. University of Delaware Center for Applied Demography and Survey Research, <http://dhss.delaware.gov/dph/hsm/files/pcpinde2011.pdf>

<sup>37</sup> US Census Data, 2011.

### C. Goals

- Improve access to health insurance so that 100% of adults in Delaware are insured<sup>38</sup>; currently, 89.3% of Delawareans have health insurance<sup>39</sup>;
- Increase percentage of people with a usual primary care provider or specific source of ongoing care (medical homes) by 10%<sup>40</sup>;
- Expand capacity for mobile treatment facilities/telemedicine/home visiting programs to reach populations with limited access to health services, especially rural and undocumented populations in Sussex County;
- Increase attraction and retention efforts for medical providers (especially physicians) in state, especially in Kent and Sussex Counties:
  - As stated previously, expand tiered licensing programs for mental health providers and State Loan Repayment Program for all health professionals to incentivize providers to practice in Delaware.
- Expand service offerings at school-based wellness centers;
- Develop and disseminate educational programs for providers to increase cultural competency;
- Translate all literature into Spanish (and other languages as needed) and make sure most/all facilities have providers on-site who speak Spanish or have resources to call a translation service;
- Coordinate Medicare/Medicaid/Delaware Healthy Children Program (CHIP) enrollment for seniors/low-income residents; expand reach of Delaware Health Care Commission (Insurance Exchange: “One-stop shop for publicly subsidized health coverage”):
  - Call center for insurance exchange;
  - Develop multiple channels (i.e., web, phone, mail, walk-in) to enable people to shop for insurance, compare health plans, and enroll in coverage; and
  - Rate health plans and offer decision-support tools to assist consumers.
- Improve access to dental insurance so that 100% of adults and kids in Delaware have coverage.

<sup>38</sup> Healthy People 2020 Goals. <http://www.healthypeople.gov/2020/default.aspx>

<sup>39</sup> DHSS, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2011.

<sup>40</sup> Healthy People 2020 Goals. <http://www.healthypeople.gov/2020/default.aspx>

**Strategic Issue 6** - How can existing policy and infrastructure be adapted to meet the specialized and diverse needs of the growing aging population?

### A. Rationale

- Roughly 14.4% of Delaware population is 65 or older, slightly higher than the national average of 13% of the population<sup>41</sup>;
- Additionally, over 50% of Delaware's population is female. Females have a longer life expectancy and make up greater proportion of older age groups;
- The growing elderly population requires more specialized care: hospice nurses, assisted living facilities and transportation assistance;
- Delaware is the 5<sup>th</sup> highest state for hospice use: almost half (48%) of Medicare decedents utilized hospice care<sup>42</sup>;
- Leading causes of death in the population age 65 years and older in Delaware:
  - Heart disease (27.6%);
  - Malignant neoplasm (23.8%); and
  - Chronic lower respiratory diseases (6.7%)<sup>43</sup>.
- Diabetes incidence increases with age: 19% of Delawareans age 65 years and older are diabetic, a rate 4 times higher than the rate among 35-44 year olds<sup>44</sup>; and
- While 22.4% of adults in Delaware report having a disability, this number increases substantially with age. Nearly 40% of adults over age 65 in Delaware report having a disability<sup>45</sup>.

### B. Potential Stakeholders

- American Association of Retired Persons (AARP);
- Center for Disabilities Studies, University of Delaware;
- Delaware Aging Network;
- Delaware Aging and Disability Resource Center;
- Delaware Division of Services for Aging and Adults with Physical Disabilities;
- Division of Social Security; and
- Visiting Nurse Association.

### C. Goals

- Increase rates of cancer screenings and preventable illness screenings (e.g., diabetes) among the aging population:
  - Provide transportation services to hospitals/health centers/community-based health centers for preventive care.
- Increase percentage of population age 65 and over who are up to date on a core set of clinical preventive services<sup>46</sup> by 10%<sup>47</sup>;
- Improve physical and mental health among the elderly by developing healthy lifestyle educational materials and programs targeted at an aging population;

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<sup>41</sup> US Census Data, 2010.

<sup>42</sup> MedPAC Report to the Congress: Medicare Payment Policy, March 2011.

[http://www.medpac.gov/chapters/mar11\\_ch11.pdf](http://www.medpac.gov/chapters/mar11_ch11.pdf)

<sup>43</sup> Delaware Health Statistics Center. Delaware Vital Statistics Annual Report, 2009.

<sup>44</sup> Delaware Health and Social Services Division of Public Health Diabetes Prevention and Control Program. The Burden of Diabetes in Delaware 2009.

<sup>45</sup> DHSS, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2010.

<sup>46</sup> U.S. Preventive Services Task Force Recommendations.

<http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm>

<sup>47</sup> Healthy People 2020 Goals. <http://www.healthypeople.gov/2020/default.aspx>

- Educate providers on unique treatment needs of an aging population;
  - Increase percentage of health care workers (including RNs, MDs, physical therapists, etc.) certified to work with the geriatric population by 10%<sup>48</sup>.
- Improve coordination of care/establish medical homes for aging population;
- Provide incentives for more gerontology, palliative care, and nursing home providers to set up their practices in Delaware;
- Utilization review of long-term care facility, nursing home and hospice bed needs going forward as the population ages and increase the number of available beds across the state; and
- Increase the percentage of the elderly population getting an annual flu vaccine by 10%<sup>49</sup> (currently 66.9% of 65+ population<sup>50</sup>).

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<sup>48</sup> Healthy People 2020 Goals. <http://www.healthypeople.gov/2020/default.aspx>

<sup>49</sup> Ibid.

<sup>50</sup> Delaware Health Tracker. <http://www.delawarehealthtracker.com/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=3693>

### III. PRIORITY CATEGORY THREE (Strategic Issues 7, 8, 9)

**Strategic Issue 7** - How can county stakeholders encourage civic engagement and responsibility to improve public safety and the environmental health of their communities?

#### A. Rationale

- Air pollution has decreased across the state due to increased emission controls and monitoring. Despite this, the number of adults diagnosed with asthma has increased, from 8.8% of adults in 2009 to 10% of adults in 2010<sup>51</sup>;
- The homicide rate increased by 70% between the 1999-2003 and 2004-2008 periods<sup>52</sup>. In 2011, there were 29,632 criminal and non-criminal domestic violence incidents reported in Delaware, the highest number reported in 10 years. Additionally, there were 1,451 calls to domestic violence hotlines in Kent and Sussex Counties, the highest number of hotline calls since the Domestic Violence Coordinating Council (DVCC) began keeping records in 1998<sup>53</sup>;
- In the Stakeholder Follow-Up Survey, all respondents rated their region as less happy, less safe, and less healthy, with lower engagement levels than Delaware as a whole:
  - 3% of MAPP committee members rated Delaware as an unsafe or very unsafe place to live and 16% said their region was unsafe/very unsafe; and
  - 49% of stakeholders rated civic responsibility and engagement in Delaware as low or very low.

#### B. Potential Stakeholders

- Criminal Justice Council;
- Contact Lifeline;
- Delaware 4-H;
- Delaware Arts Alliance;
- Delaware Authority on Radiation Protection;
- Delaware Bicycle Council;
- Delaware Chamber of Commerce;
- Delaware Coalition Against Domestic Violence;
- Delaware Department of Transportation (DelDOT);
- Delaware Federation of Garden Clubs;
- DE Greenways;
- Delaware Rural Water Association;
- Department of Agriculture;
- Department of Natural Resources and Environmental Control;
- Department of Safety and Homeland Security;
- Domestic Violence Coordinating Council;
- Home Visiting Programs;
- New Castle County Department of Community Service;
- Outdoor Delaware;
- Sexual Assault Network of Delaware (SAND);
- United Way; and
- University of Delaware Department of Agriculture & National Resources.

<sup>51</sup> Delaware Health Tracker. <http://www.delawarehealthtracker.com/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=3688>

<sup>52</sup> Delaware Health Statistics Center Factsheet: Homicides in Delaware. <http://www.dhss.delaware.gov/dhss/dph/hp/files/homicide.pdf>

<sup>53</sup> Domestic Violence Coordinating Council 2012 Annual Report and Fatal Incident Review Team Report. <http://dvcc.delaware.gov/documents/2012AnnualReportFinal.pdf>

### C. Goals

- Improve the physical environment, including public transportation, throughout Delaware to improve opportunities for safe physical activity:
  - Expand trail system (especially in Kent County, where there are only 9 total trail miles<sup>54</sup>) to meet the needs of hikers, cyclists, pedestrians, etc. through Fort Dupont Complex, Thompson Island Trail, White Clay Creek, and Assawoman Canal expansion and development projects.
  - Fully implement the Complete Streets policy (streets for everyone: pedestrians, cyclists, motorists, and transit riders, regardless of age, ability or mode of transportation<sup>55</sup>) statewide;
  - Improve the built environment with jogging paths, community gardens, murals, etc. in urban areas. Prevention Institute research showed that improvements in the built environment positively influenced community health<sup>56</sup>, and MAPP committee members saw it as an “opportunity for state and community leaders to capitalize and strengthen the environmental assets”;
  - Work with communities and all levels of government including law enforcement to ensure safe and accessible opportunities for physical activity throughout Delaware;
  - Ensure physical environment in Delaware is compliant with the ADA, and promote “universal design” (designing buildings, public spaces, and programs to be usable by the greatest number of people<sup>57</sup>) to maximize access for all residents; and
  - Increase the percentage of people commuting by public transportation to work by 10% (currently, 3.2% of Delawareans use public transportation to get to work)<sup>58</sup>.
- Develop communities where people have opportunities and the motivation to lead safer and healthier lives:
  - Develop and implement statewide policy and strategy that supports healthy communities in Delaware by 2014;
  - Include Health Impact Analyses when developing new infrastructure projects throughout the state;
  - Develop incentives for communities to include health promotion in comprehensive plans; and
  - Develop a Healthy Community Award to recognize communities taking action to improve health.

<sup>54</sup> Delaware State Parks. <http://www.destateparks.com/>

<sup>55</sup> National Complete Streets Coalition. <http://www.completestreets.org/>

<sup>56</sup> The Prevention Institute. The Built Environment and Health.

[http://www.preventioninstitute.org/index.php?option=com\\_jlibrary&view=article&id=114&Itemid=127](http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=114&Itemid=127)

<sup>57</sup> The Center for an Accessible Society: Americans with Disabilities Act.

<http://www.accessiblesociety.org/topics/ada/index.html>

<sup>58</sup> Healthy People 2020 Goals. <http://www.healthypeople.gov/2020/default.aspx>

**Strategic Issue 8** - How can the public health, government, educational and not-for-profit communities collaborate to create programs that bring more health care providers to the state, especially to Sussex County?

### A. Rationale

- Access limitations in Kent and Sussex Counties. New Castle County has three times the number of providers as the other two counties combined, a disproportionate percentage compared to the population in each county (according to the 2010 U.S. Census, roughly 60% of the population lives in New Castle, 22% in Sussex and 18% in Kent).
- Additionally, the population in Sussex and Kent Counties is growing at a much faster rate than New Castle County;
- There were 707 primary care physicians and FTEs in Delaware in 2011 – a rate of approximately 8 FTE physicians for every 10,000 residents in the state<sup>59</sup>. This is much lower than the national average of 24 physicians/FTEs for every 10,000 people<sup>60</sup>, and a slight decrease from the 2008 rate of 8.5 FTE physicians per 10,000 residents<sup>61</sup>.
- Delaware does not have a school of public health, medical school or dental school.

### B. Potential Stakeholders

- Delaware Academy of Medicine;
- Delaware Health Care Commission;
- Delaware Institute for Dental Education and Research (DIDER);
- Delaware Institute for Medical Education and Research (DIMER);
- Department of Education;
- DPH Office of Rural Health and Primary Care;
- Medical Society of Delaware; and
- Public and private colleges, universities and clinical schools granting certificates or licenses in Delaware and surrounding states.

### C. Goals

- Increase workforce retention for existing providers;
- Asset mapping to identify areas with significant service access gaps and lowest rates of provider coverage;
- Improve health provider recruitment:
  - Expand partnership with Thomas Jefferson School of Medicine in Pennsylvania to increase residency program offerings in Delaware. Thomas Jefferson already has a relationship with the Delaware Institute for Medical Education and Research to buy/hold medical school slots for Delaware graduates and their psychiatry residents train at the Delaware Psychiatric Center; and
  - Potentially engage other regional medical schools in similar partnerships. These medical schools include, but are not limited to, the Drexel University College of Medicine, the Perelman School of Medicine at the University of Pennsylvania, and the Temple University School of Medicine.
- Expand Delaware State Loan Repayment Program to offer loan repayment incentives to health professionals who commit to practicing in medically underserved areas in Delaware.

<sup>59</sup> Primary Care Physicians in Delaware 2011. University of Delaware Center for Applied Demography and Survey Research, <http://dhss.delaware.gov/dph/hsm/files/pcpinde2011.pdf>

<sup>60</sup> Kaiser Family Foundation US Global Health Policy 2005-10. <http://www.globalhealthfacts.org/data/topic/map.aspx?ind=74>

<sup>61</sup> University of Delaware Center for Applied Demography and Survey Research (CADSR), 2008.

**Strategic Issue 9** - How can Delaware's health community address the increasing racial disparities in health status across the lifespan, especially within the African-American community in New Castle County?

**Strategic Issue 10** - How can the community address the language, income, health care service access, and transportation barriers facing the growing Hispanic population in Sussex County?

### A. Rationale

- As evidenced by the *Delaware Racial and Ethnic Disparities Health Status Report Card*, gaps between racial and socioeconomic groups for chronic health problems (obesity, diabetes, heart disease, etc.) and health behaviors are widening;
- Black women in Delaware are less likely to receive prenatal care, more likely to experience high incidence of preterm births and low birth weights, and have higher rates of infant mortality – as much as 2.8 times higher than the White infant mortality rate<sup>62</sup>;
- Hispanic women in Sussex County have the lowest percentage of accessing prenatal care, followed by Black women<sup>63</sup>;
- Teen pregnancy rates among Black women are almost twice as high as teen pregnancy rates among White non-Hispanic women (35.2 vs. 66.4 per 1,000 teens 12-18 between 2004-2008)<sup>64</sup>;
- Delaware consistently ranks in the top 10 states with the highest HIV/AIDS infection rates per capita. Blacks account for 21% of the total population in Delaware but account for 66% of total HIV/AIDS cases in the state<sup>65</sup>;
  - Black males account for 38% of all male HIV/AIDS diagnoses in the US, but 62% of male diagnoses in Delaware. Similarly, Black females account for 62% of all female HIV/AIDS diagnoses nationally, but 80% of female diagnoses in Delaware<sup>66</sup>.
- In 2010, the syphilis infection rate among Blacks in Delaware was 12.3 times that of whites<sup>67</sup>;
- The majority of the homeless population in Delaware (approximately 60%) is Black<sup>68</sup>;
- Graduation rate for Hispanic students has increased from 61.5 to 84.3% from 2000-01 school year to 2010-11 school year. Graduation rates for Black students have increased, but at a slower rate. Hispanic students now have a slightly higher graduation rate than Black students (84.3% versus 82.3%)<sup>69</sup>;
- The Hispanic population in Delaware is steadily growing, increasing by over 96% the last 10 years (from 37,277, or 4.8% of the population in 2000 to 73,221 or 8.2% of the population in 2010)<sup>70</sup>; and
- 38,929 persons of foreign birth residing in Delaware do not speak English fluently<sup>71</sup>.

### B. Potential Stakeholders

- Academic institutions;
- AIDS Delaware;
- Children and Families First;

<sup>62</sup> Delaware Health and Social Services Division of Public Health. 2008 Delaware Racial and Ethnic Disparities Health Status Report Card. <http://www.dhss.delaware.gov/dhss/dph/mh/files/2008dredreportcard.pdf>

<sup>63</sup> Delaware Health Tracker. <http://www.delawarehealthtracker.com/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=4308>

<sup>64</sup> KIDS COUNT in Delaware Fact Book 2011.

<sup>65</sup> 2010 Delaware HIV/AIDS Surveillance Report. <http://www.dhss.delaware.gov/dhss/dph/dpc/files/2010hivepiprofile.pdf>

<sup>66</sup> Ibid.

<sup>67</sup> CDC Syphilis Profiles 2010: Delaware. <http://www.cdc.gov/std/syphilis2010/DE10.pdf>

<sup>68</sup> Homelessness Planning Council of Delaware. 2011 Point-in-Time Study Report. [http://www.hpcdelaware.org/documents/2011\\_PIT\\_Data\\_Presentation.pdf](http://www.hpcdelaware.org/documents/2011_PIT_Data_Presentation.pdf)

<sup>69</sup> Delaware Department of Education.

<sup>70</sup> 2010 Census Brief: The Hispanic Population 2010. <http://www.census.gov/prod/cen2010/briefs/c2010br-04.pdf>

<sup>71</sup> American Community Survey, 2010.

- Delaware 2-1-1;
- Delaware Healthy Eating and Active Living Coalition (DE HEAL);
- Delaware Center for Health Promotion;
- Delaware Ecumenical Council on Children and Families;
- Delaware Healthy Mother and Infant Consortium (DHMIC);
- Delaware HIV Consortium;
- Diabetes Coalition;
- Diabetes Prevention and Control Program;
- DPH Office of Minority Health;
- Governor’s Council on Health Promotion and Disease Prevention;
- Health Ambassadors/Promotoras;
- Hospitals and Health Systems;
- KIDS Count in Delaware;
- Resource Mothers;
- School-Based Wellness Centers; and
- United Way of Delaware.

### C. Goals

- Increase the percentage of Black and Hispanic women accessing prenatal care early in their pregnancy:
  - Encourage healthy habits during pregnancy through educational programs and materials to lower preterm birth rates and infant mortality rates.
  - Expand home visiting services to pregnant women through existing grant programs to reach high-risk, hard-to-engage, and rural populations<sup>72</sup>.
  - Encourage breastfeeding by providing lactation support, access to lactation consultants, access to affordable breast pumps, encouraging workplace lactation support programs.
- Expand programs offering low-cost/no-cost contraceptives, especially to teens:
  - Educational programs in schools/school-based wellness centers/community health centers on appropriate condom use to reduce rates of STI/HIV infection and pregnancy rates;
  - Educate parents on breadth of services offered in school-based wellness centers and the importance of providing permission for their children to utilize them;
  - As mentioned previously, disseminate *Be Proud! Be Responsible!* and *Making Proud Choices!* curricula to schools and community-based organizations to reduce teen/young adult pregnancy rates; and
  - Provide DPH “life plan” materials to the teenage and young adult population.
- Improve health outcomes through early detection/surveillance:
  - Expand HIV/AIDS testing services, especially among minority populations – only 49% of Delawareans seeking HIV testing or counseling services were Black<sup>73</sup>;
  - Regular cancer screenings (especially for breast cancer and prostate cancer) following national guidelines; and
  - Regular diabetes testing for high-risk patients.
- Reduce number of new HIV diagnoses among adolescents and adults through educational programs, expanded offerings of low-cost/no-cost contraceptives, improved contraception use rates, and reduced rates of injected drug use;
- Improve early detection and treatment of HIV and AIDS:
  - Increase HIV testing rates in Delaware, especially among high-risk populations. SB162 makes HIV testing part of the standard battery of medical tests without the need for written permission;

<sup>72</sup> Delaware Competitive Home Visiting Grant: HRSA 11-179 Priority Elements.

<sup>73</sup> 2010 Delaware HIV/AIDS Surveillance Report. <http://www.dhss.delaware.gov/dhss/dph/dpc/files/2010hivepipprofile.pdf>  
 Delaware Department of Health and Social Services, Division of Public Health

- Reach HIV positive Delawareans earlier in the disease process to improve health outcomes; and
- Ensure continuous care for HIV/AIDS patients – especially at Infectious Disease Wellness Clinics – and reduce the number of patients who haven't received any care in the previous year.
- Develop and disseminate educational programs for providers to increase cultural competency;
- Translate all literature into Spanish (and other languages as needed); make sure most/all facilities have providers on-site who speak Spanish, or have resources to call a translation service; and
- Increase high school graduation rates for Blacks and Hispanics to close future income and concurrent health outcome gaps.

## **CONCLUSION/NEXT STEPS**

This report was developed to provide a solid framework for the next phase of the MAPP process, the Action Phase. For each strategic issue included in the report – the highest priority strategic issues identified by the stakeholders, ranked in order of importance – we provided rationale for the issue's significance in Delaware, a list of organizations whose priorities align closely with the issue, and a list of actionable goals and specific strategies for addressing each issue. This is a living, fluid document, and additional input and planning support from other potential partners and stakeholder organizations not identified in this report is welcome and encouraged.

As progress is made on these initial nine strategic issues, the scope of this plan can extend to the other identified strategic issues not addressed in this report. Future work can also focus on addressing health disparities across other vulnerable populations in Delaware, such as persons with disabilities and members of the LGBT community.

This summary outline of the public health priorities in the State of Delaware will assist us with planning, implementation and evaluation of the strategic plan going forward.

This report reflects edits from the public comment period which was from 9/10/12-12/31/12.

**ATTACHMENT: List of Strategic Issues**

1. How can we develop coordinated and comprehensive systems that promote primary prevention and lasting behavior change such as eating well, increasing physical activity and reducing/eliminating risky behaviors?
2. What changes and improvements can be made on the county level to close existing educational and socioeconomic status gaps to positively position Delaware for future growth?
3. How can county stakeholders encourage civic engagement and responsibility to improve public safety and the environmental health of their communities?
4. How can health care providers and organizations work together effectively to consolidate overlapping service offerings, maximize current resources and address service gaps to provide the most comprehensive health care to the people of Delaware?
5. How can the public health, government and educational and not-for-profit communities collaborate to create programs that bring more health care providers to the state, especially to Sussex County?
6. How can health care and public health agencies improve coordination of care?
7. How can Delaware's health community address the increasing racial disparities in health status across the lifespan, especially within the African-American population in New Castle County?
8. How can the community address the language, income, health care service access, and transportation barriers facing the growing Hispanic population in Sussex County?
9. How can the health community effectively identify and address the behavioral health treatment and mental well-being needs of the population?
10. How can mental health/mental well-being service providers address/mitigate the cultural issues associated with low treatment utilization?
11. How can the health community ensure all Delawareans have access to comprehensive, culturally competent, easily navigable health care services?
12. How can existing organizations and infrastructure be adapted to meet the specialized and diverse needs of the growing aging population?