The First Delaware State Health Improvement Plan

Community Themes and Strengths Assessment

September 28, 2012

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

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TABLE OF CONTENTS

LIST OF APPENDICES

Introduction

The health and quality of life and satisfaction rely on many assets of the community, not simply on a well-functioning health and medical care system. To measure and improve the health of individuals, we must look at all aspects of the community. Making changes within existing systems, such as improving access to healthcare programs and policies, can effectively improve the health of many in the community and across the state of Delaware.

Delaware is unique in that it does not have local public health departments and has one Division of Public Health. This enhances the commitment to collaboration within and across the various healthcare organizations and providers in the three counties: New Castle, Kent, and Sussex. Delawareans are dedicated to improving the health and overall quality of life by adopting a broad community focus rather than working in silos. Individuals representing organizations committed to the well-being of Delaware were brought together to ensure all aspects of the community were represented in the identification of the strengths and needs of Delaware and in the results of the assessment. (See Appendix 1 for a list of individual stakeholders and organizations.)

The purpose of the Community Themes and Strengths Assessment (CTSA) is to gain a better understanding of community perceptions about health and quality of life; to provide useful information for programmatic and fiscal decision-making; and to foster the development of a strategic community health improvement plan for the State of Delaware.

This assessment corresponds to the CTSA of the Mobilizing for Action through Planning and Partnerships (MAPP) process. The MAPP model was developed through a cooperative agreement between the National Association of County and City Health Officials and the Centers for Disease Control and Prevention. Figure 1 below displays how the CTSA is incorporated within the MAPP framework.

Figure 1.

Delaware adapted the MAPP model to fits its needs to conduct a statewide assessment rather than a county or local health assessment. We modified the resources provided from the MAPP clearinghouse to best fit our unique needs. The CTSA's developed by Knox County, Tennessee and Mendocino County were modified as a template for the Delaware CTSA.

Surveys, key stakeholder meetings and breakout sessions are the main sources of information used to gather insight into issues of concern, as well as community assets and resources related to health and quality of life in Delaware. Information was also used from existing data sources and reports including the *Community Health Status Assessment* and the *Forces of Change Assessment*. The major health issues identified by the community in the assessment are discussed in further detail in the *Community Health Status Assessment* and the *Goals and Strategies* report.

Section 1: Community Themes and Strengths: Surveys

Survey 1: Stakeholder Pre-Kick-off Meeting Survey

Methodology

The Stakeholder Pre-Kick-off Meeting survey was developed by a State Health Assessment advisory board headed by Paul Silverman, Dr.P.H., Associate Deputy Director for Health Information and Science, Delaware Division of Public Health. The survey was conducted to gather general demographics about the organization each stakeholder represented, the long-range planning of the organization, and the identification of the major issues the clients faced. The six-question survey (Appendix 2) was developed after the advisory board established the goals of the stakeholder kick-off meeting and reviewing surveys used by other MAPP sites.

Survey questions were a mixture of multiple choice questions with write in option of "other" as well as ranking questions. Respondents were asked to rank 26 public health issues that their clients may face. Respondents could rank up to nine public health issues in each of the three categories: Very Important Public Health Issue for My Organization's Clients, Fairly Important Public Health Issue for My Organization's Clients, and Not an Important Public Health Issue for My Organization's Clients. If the stakeholder's organization did not serve clients, they were asked to leave the categories blank. The ranking within each category did not matter; all issues identified in the category held the same weight. For example, the issue identified as number one in the Very Important Public Health Issue was not more important than the issue listed as number two.

The web-based survey was sent out electronically to all the 120 stakeholders on the listserv for the State Health Assessment (Appendix 1). The survey instrument was loaded into Qualtrics Survey Software, a web-based service which allows for real-time data analysis.

The stakeholders were given six business days to respond to the survey before analysis was to be completed. A reminder e-mail was sent to increase participation levels. The results were presented to the stakeholders in attendance at the Kick-off Meeting on April 4, 2012 (Appendix 3). The results were also shared via e-mail with all stakeholders on the list serv.

Sample

The sample for the Stakeholder Pre-Kick-off Meeting Survey was determined by Paul Silverman, Dr. P.H. and an advisory board. Dr. Silverman and the board were tasked to identify stakeholders for the MAPP process that represented various sectors of Delaware including: health care, education, business, government, social service agencies, environmental agencies, and not-for-profit organizations. Key leaders from all three counties were nominated by the board to represent the unique needs and circumstances in New Castle, Kent, and Sussex counties. A list of the stakeholders and the organizations they represent is located in Appendix 3. A total of 120 stakeholders were invited to be a part of the State Health Assessment process.

Data Collection and Analysis

Data collection occurred between March 19 and March 26, 2012. A total of 33 responses were compiled and analyzed. The survey response rate was 31 percent. Data analysis occurred from March 27 until April 2, 2012.

Results

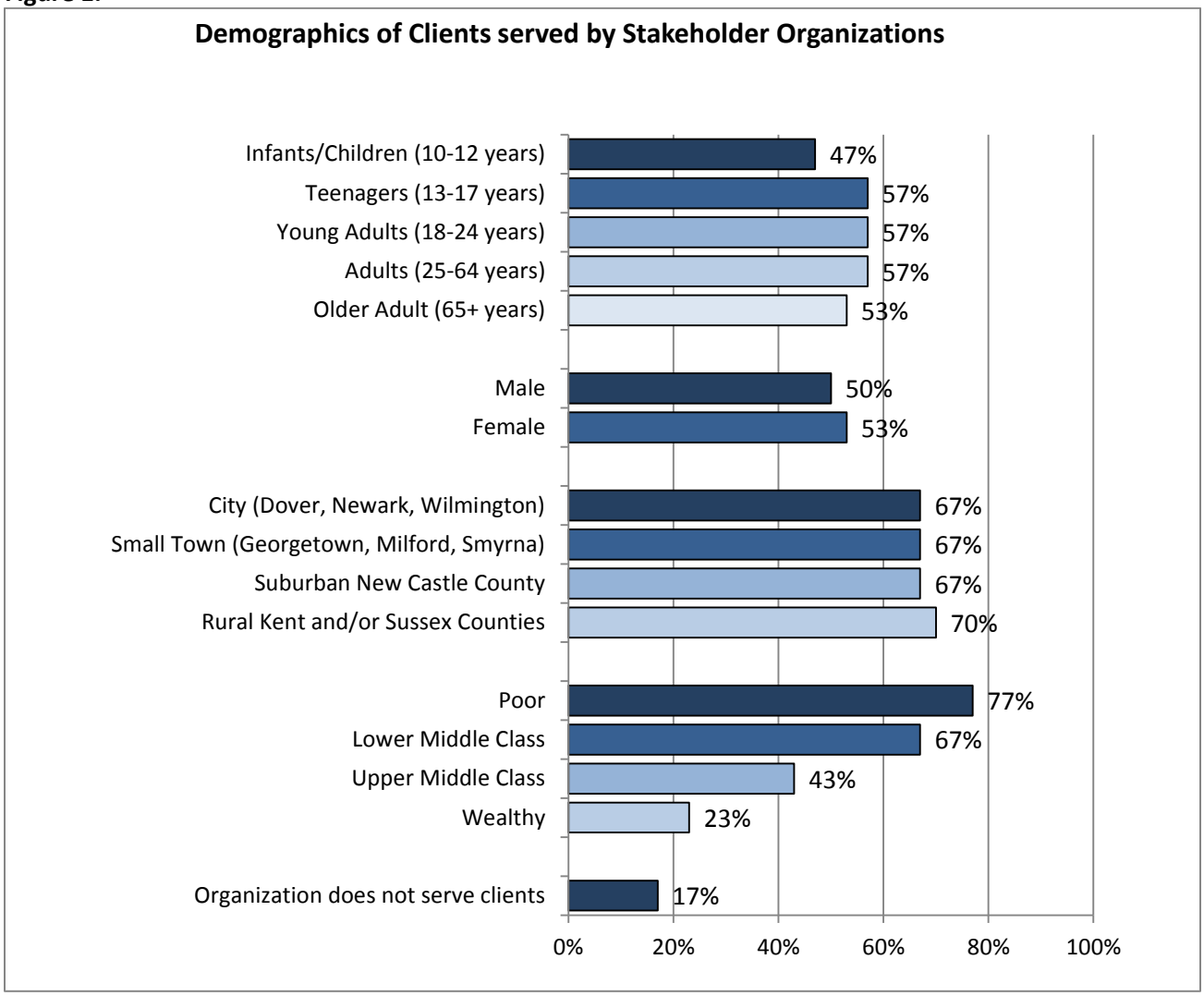
Below are the results of six-question survey. The breakdown of percentages will not equal 100 percent due to organizations choosing multiple descriptions for each question.

Question 1: Which age descriptions best describe the clients your organization serves? Check all applicable descriptions.
The highest percentage of clients served were adults between the ages of 25 to 64 years old (73 percent). The breakdown between male and female is almost even, 50 percent versus 53 percent respectively. Five organizations, 17 percent, indicated they did not serve any clients. The results are displayed in Figure 1.

Question 2: Please describe where the majority of your clients live. Check all applicable descriptions.
The breakdown between clients living in rural, suburban, city or town areas is fairly even.
Figure 1 displays the full breakdown.

Question 3: From your perspective, describe the social elements reflected by the majority of your clients. Check all applicable descriptions.
Not surprisingly, the majority of their clients were poor (77 percent) or lower middle class (67 percent).
Figure 1 below displays the full breakdown.

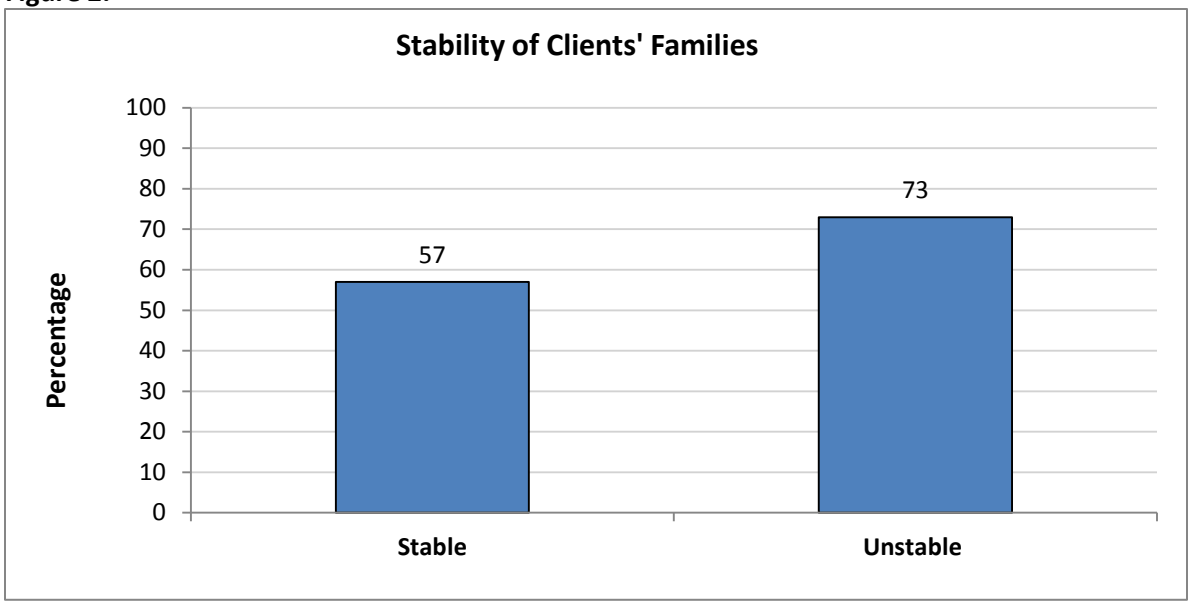
Figure 1.



Source: Pre-Kick-off Survey, April 2012.

Seventy-three percent of clients are living in unstable families versus 53 percent of clients living in stable families. Figure 2 displays the full breakdown.

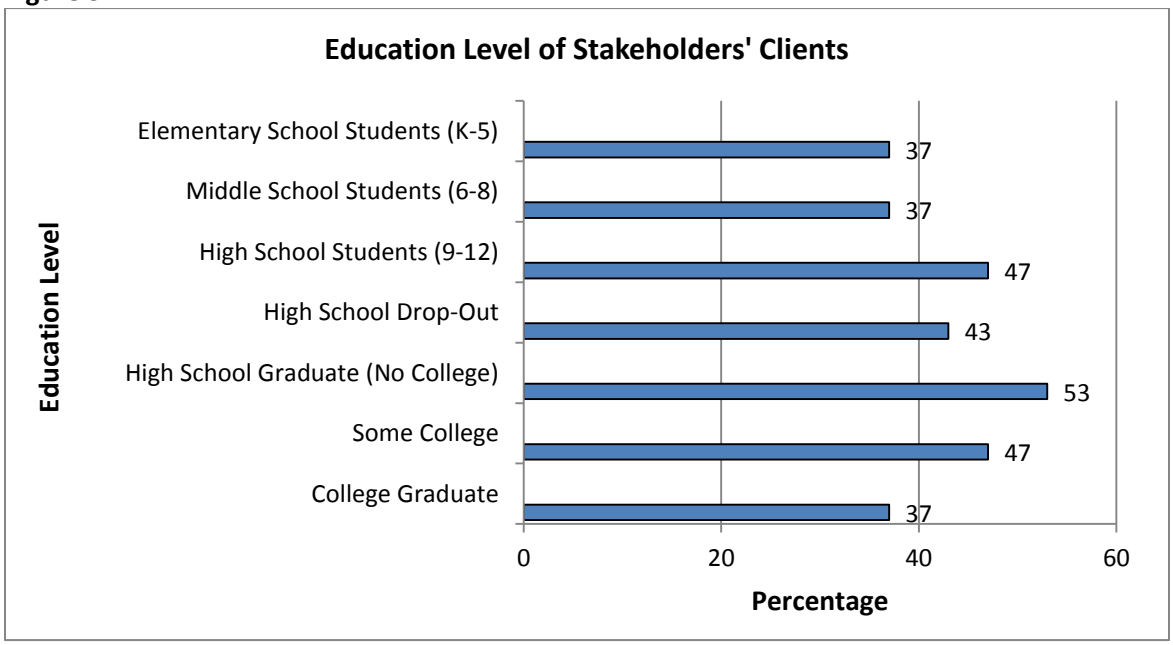
Figure 2.



Source: Pre-Kick-off Survey, April 2012.

The education level of the clients varied but the highest percentage, 53 percent, replied "High School Graduate but No College." Figure 3 below displays the full breakdown.

Figure 3.



Source: Pre-Kick-off Survey, April 2012.

Question 4: Describe your organization's long-range planning. (This question may provide present and future support to this and other Delaware Public Health strategic planning efforts. We can possibly use the answer as a statistic to support our need for public health system planning, such as on grant requests.) Choose one only.

The highest percentage, 37 percent, responded "Less than a 5-Year Strategic Plan" while 33 percent responded "5-Year Strategic Plan;" 10 percent responded "Year-to-Year;" and 10 percent responded "10 Year Strategic Plan." Figure 4 below displays the full breakdown.

Figure 4.

Source: Pre-Kick-off Survey, April 2012.

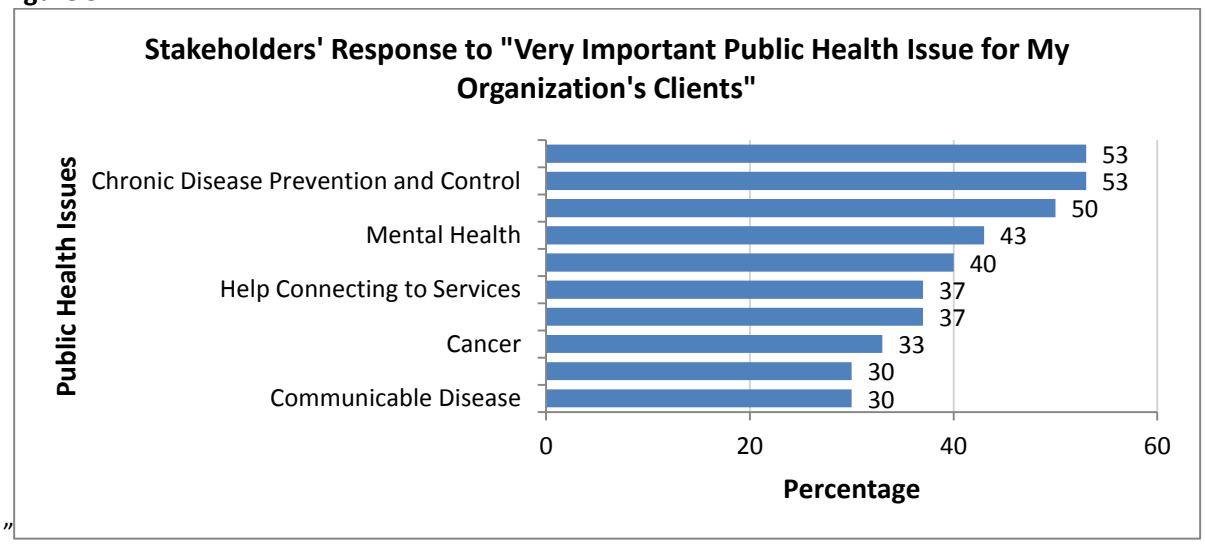
Question 5: The following are a list of 26 public health issues that your clients may face. Based on your organization, drag and drop each of these public health issues into one of the three boxes on the right. You can only drop UP TO 9 ISSUES into each of the three boxes. If your organization does not serve clients, please leave this question blank.

NOTE: THE RANK IN EACH BOX DOES NOT MATTER (e.g., it does not matter if Cancer is ranked "1" and "Hunger" is ranked "2" in the "Very Important Public Health Issue for My Organization's Clients" box).

- Access to Clinical Services
- Adolescent Health
- Cancer
- Chronic Disease Prevention and Control
- Communicable Disease
- Community Health
- Cultural Barriers
- Diabetes
- Drug and Alcohol Use
- Emergency Preparedness/Response
- Environmental Health
- Health Education/Health Promotion
- Heart Problems
- Help Connecting to Services
- Hunger
- Illiteracy
- Injury Prevention
- Laboratory Services
- Language Barriers
- Maternal and Child Health
- Social Determinants of Health
- Mental Health
- Obesity
- Overweight
- Poor Nutrition
- Sexually Transmitted Diseases/Infections (STD/STI)

The top five most important public health issues identified were Access to Clinical Services, 53 percent; Chronic Disease Prevention and Control, 53 percent; Health Education/Health Promotion, 50 percent; Mental Health, 43 percent; and Community Health, 40 percent. Figure 5 below displays the full breakdown.

Figure 5.

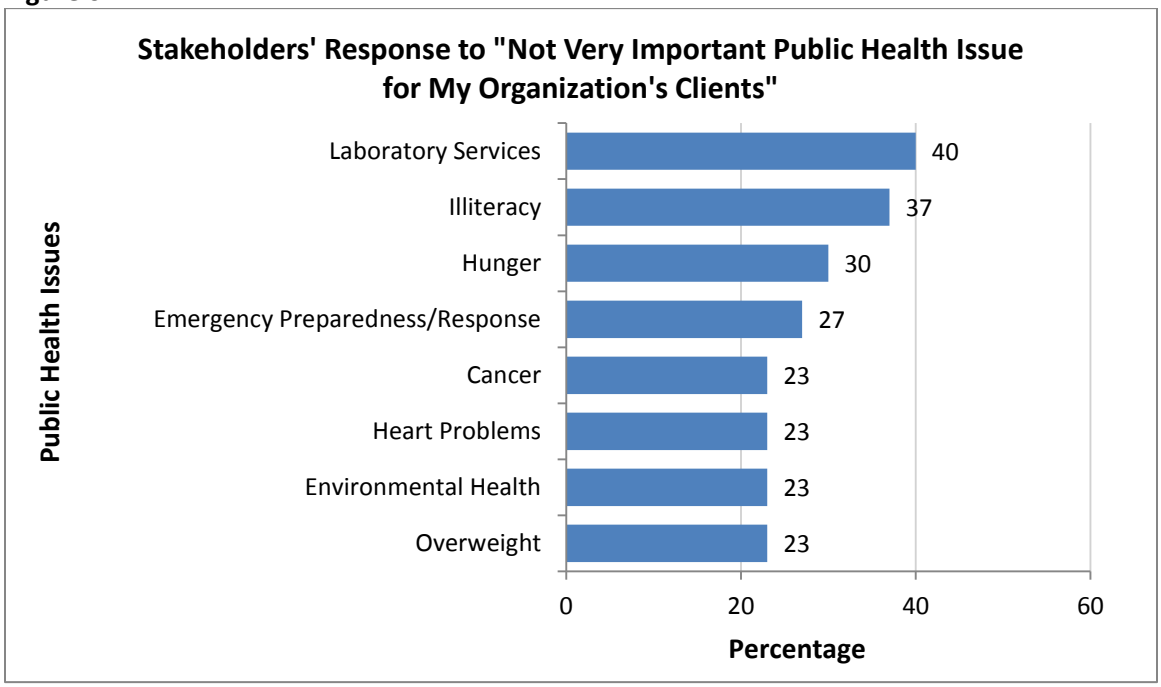


Source: Pre-Kick-off Survey, April 2012.

Question 6: Which of the following best describes your organization? Choose one only.

The top four issues identified as Not Very Important Public Health Issues were Laboratory Services, 40 percent; Illiteracy, 37 percent; Hunger, 30 percent; and Emergency Preparedness/Response, 27 percent. Figure 6 below displays the full breakdown.

Figure 6.



Source: Pre-Kick-off Survey, April 2012.

About the Process

A web-based, electronic survey was designated as the survey tool to reduce the time needed for data entry and cost that a paper survey would have incurred. Results of the survey could possibly be influenced by several factors. Time was limited; stakeholders only had six business days to take the survey and this may have not been enough time to receive the high response rate we wanted to achieve. We relied on each individual to answer truthfully to the questions since it was a self-report survey. There were no incentives given for completion of the survey, which may contribute to the lower response rate. Overall, the process was deemed a success and provided valuable information for the strategic planning process as well as for the MAPP assessments.

These results will be discussed in more detail in Section 4 of this assessment as well as in the *Goals and Strategies Report* and *Action Plan*.

Survey 2: Delaware Community Health Survey

Methodology

The *Community Health Survey* was developed based on several surveys examples in the MAPP clearinghouse developed by local health departments. The survey was tailored to fit the unique needs of Delaware. The survey was conducted to gather information about the quality of life, access to health resources, and perceptions on what makes a healthy community in the different regions of Delaware: the Wilmington area, New Castle County, Kent County and Sussex County. The 22-question survey (Appendix 4) was developed after reviewing the results of the Pre-Kick-off Meeting Survey and the visioning and breakout sessions that occurred in the kick-off meeting. Survey questions were a mixture of multiple choice questions as well as ranking questions.

The web-based survey was sent out electronically to all the 120 stakeholders on the listserv for the *State Health Assessment* (Appendix 1). The survey instrument was loaded into Qualtrics Survey Software, a web-based service which allows for real-time data analysis.

The stakeholders were given eight business days to respond to the survey before analysis was to be completed. Two reminder e-mails were sent to increase participation levels. The results were presented to the stakeholders in attendance at the Meeting on July 18, 2012 (Appendix 5). The results were also shared via e-mail with all stakeholders on the list serv.

Sample

The sample for the *Community Health Survey* is the same sample that was used for the Pre-Kick-off Meeting sample. The sample representatives represent various sectors of Delaware including: health care, education, business, government, social service agencies, environmental agencies, and not-for-profit organizations. Key leaders from all three counties were nominated by the board to represent the unique needs and circumstances in New Castle, Kent, and Sussex counties. A list of all the stakeholders and the organizations they represent is located in Appendix 1. A total of 120 stakeholders were invited to be a part of the State Health Assessment process.

Data Collection and Analysis

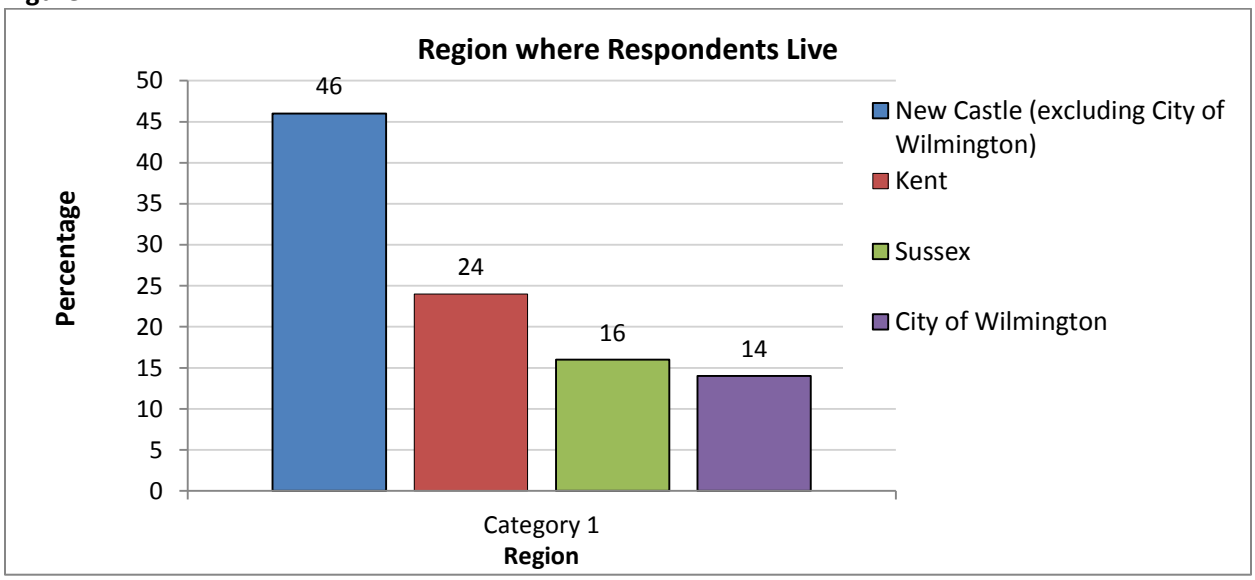
Data collection occurred between June 27 and July 9, 2012. A total of 37 responses were compiled and analyzed. The survey response rate was 35 percent. Data analysis occurred from July 10 until July 16, 2012.

Results

Below are the results of the 22-question survey. Respondents rated Delaware overall as better place to live and with a higher quality of life than their specific region where they lived.

Question 1: In what region do you live? The majority of respondent were from New Castle County.

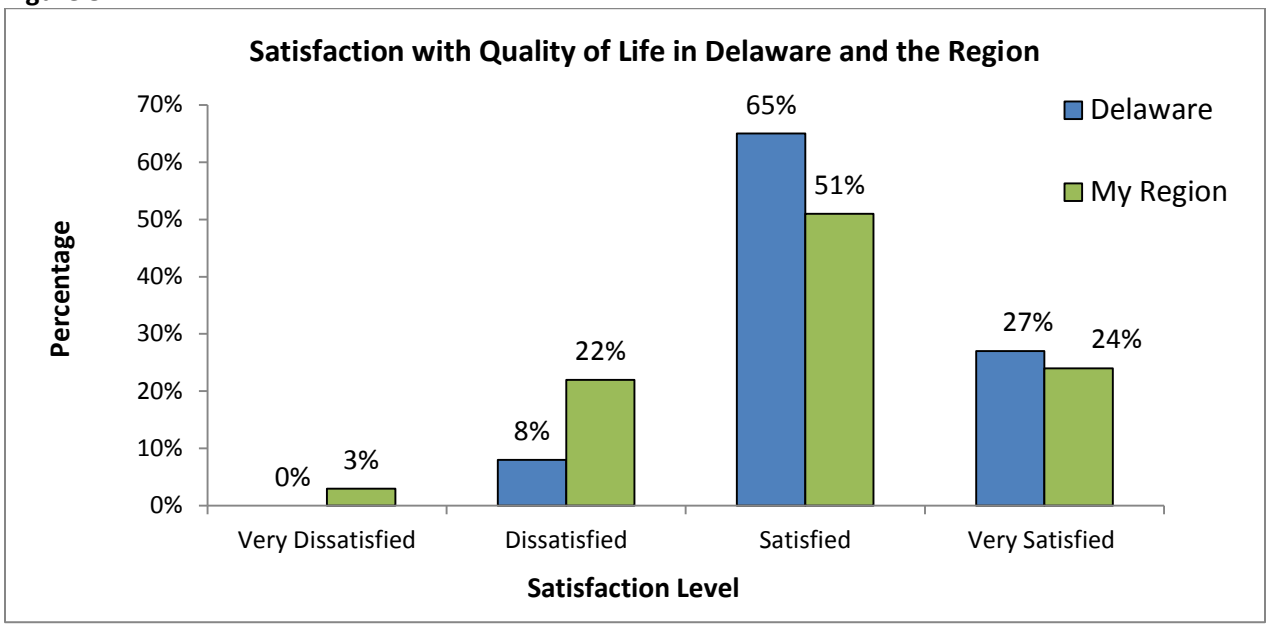
Figure 7.



Source: Delaware Community Health Survey, 2012.

Question 2: How satisfied are you with the quality of life in Delaware?
Question 3: How satisfied are you with the quality of life in your region?

Figure 8.

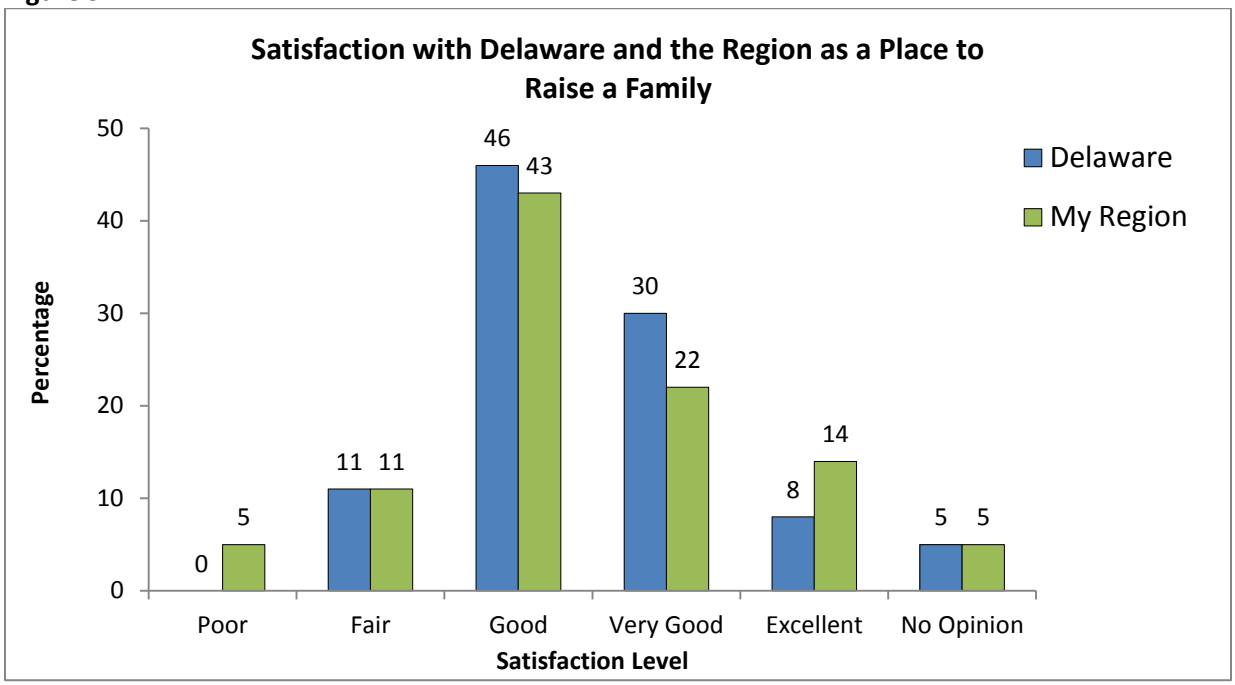


Source: Delaware Community Health Survey, 2012.

Ninety-two percent of respondents were satisfied or very satisfied with the quality of life in Delaware while only 75 percent of respondents were satisfied or very satisfied with the quality of life in their region**.** Only eight percent of respondents were dissatisfied with the quality of life in Delaware while 22 percent were dissatisfied in their region**.**

Question 4: How would you rate Delaware as a place to raise a family?
Question 5: How would you rate your region as a place to raise a family?

Figure 9.

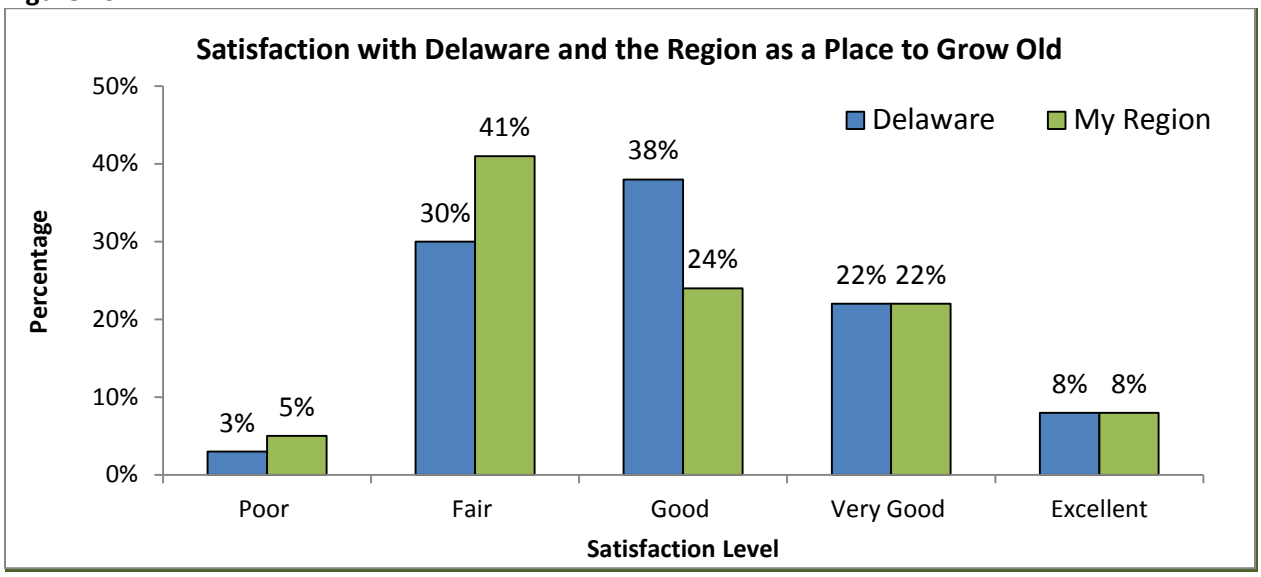


Source: Delaware Community Health Survey, 2012.

Eighty-four percent of respondents rated Delaware as a good or very good, or excellent place to raise a family, while 79 percent rated their region as good or very good place, or excellent place to raise a family.

Question 6: How would you rate Delaware as a place to grow old?
Question 7: How would you rate your region as a place to grow old?

Figure 10.

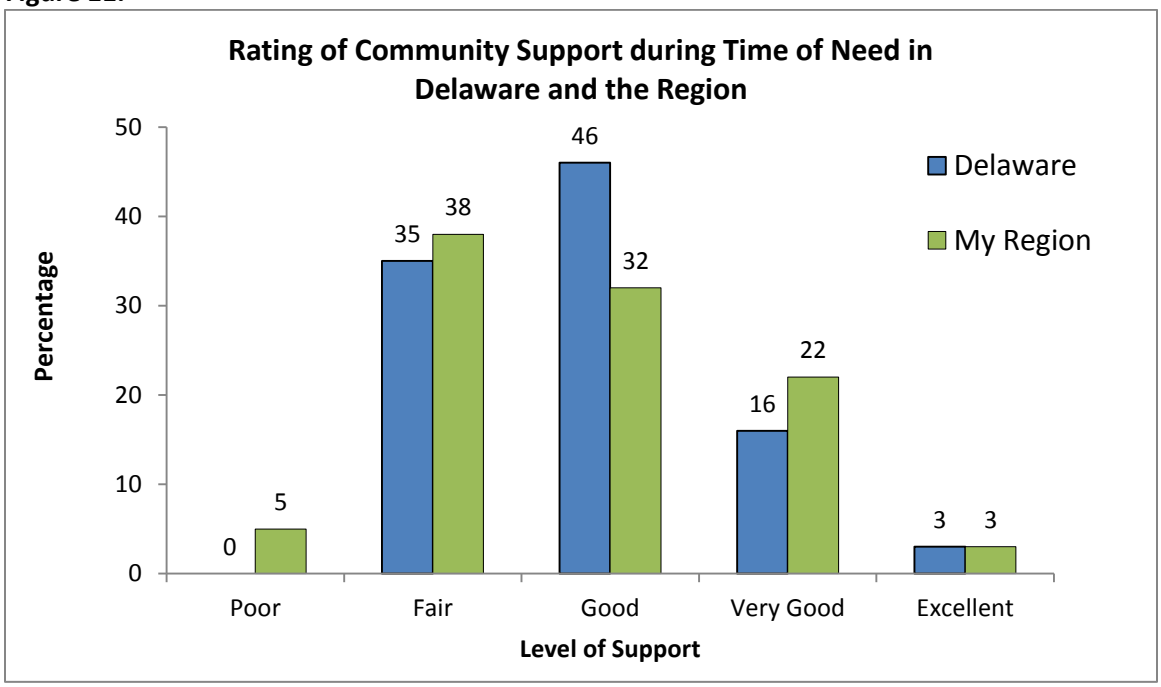


Source: Delaware Community Health Survey, 2012.

Thirty-three percent of respondents rated Delaware as a poor or fair place to grow old, while 46 percent of respondents rated their region as a poor or fair place to grow old.

Question 8: How would you rate community support for individuals and families during times of stress and need in Delaware?
Question 9: How would you rate community support for individuals and families during times of stress and need in your region?

Figure 11.

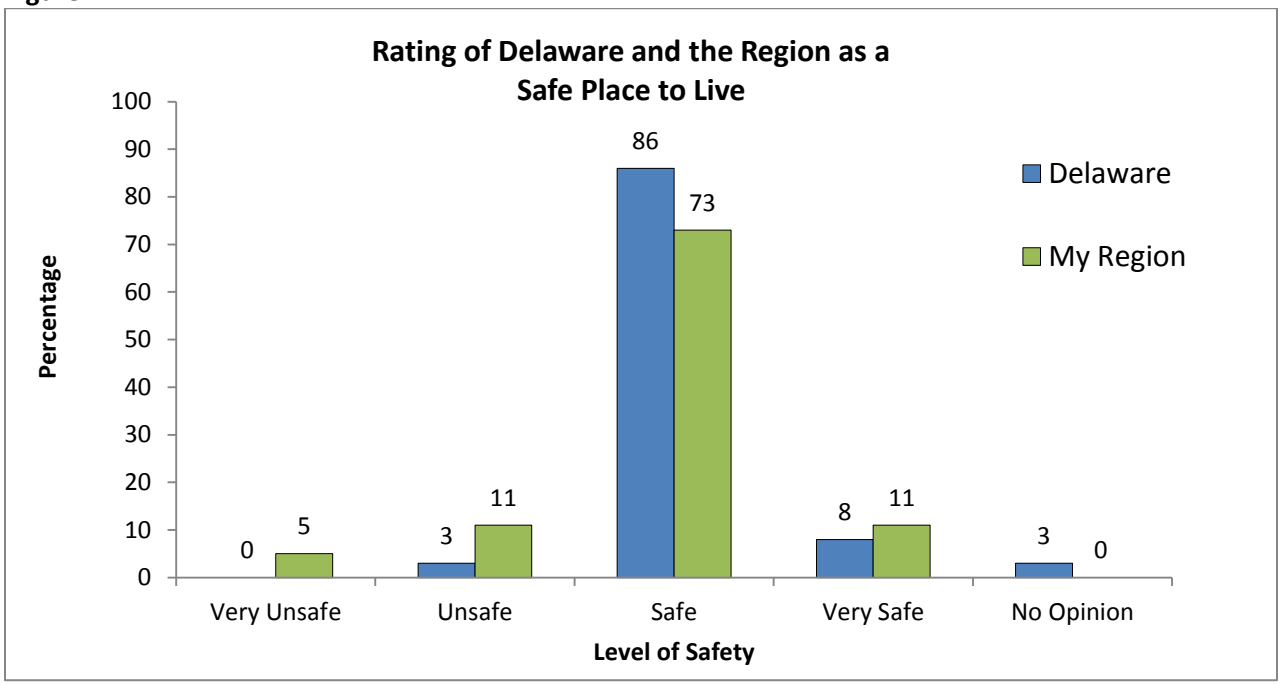


Source: Delaware Community Health Survey, 2012.

The majority of the respondents rated Delaware and their specific region as a fair place or good place for community support for individuals and families during times of stress. It is important to note that during the stakeholder meetings, it was evident that this is a category of high importance and the results may not indicate the lack of resources and support in times of stress and need, especially for the elderly and disabled populations.

Question 10: How would you rate Delaware as a safe place to live?
Question 11: How would you rate your region as a safe place to live?

Figure 12.

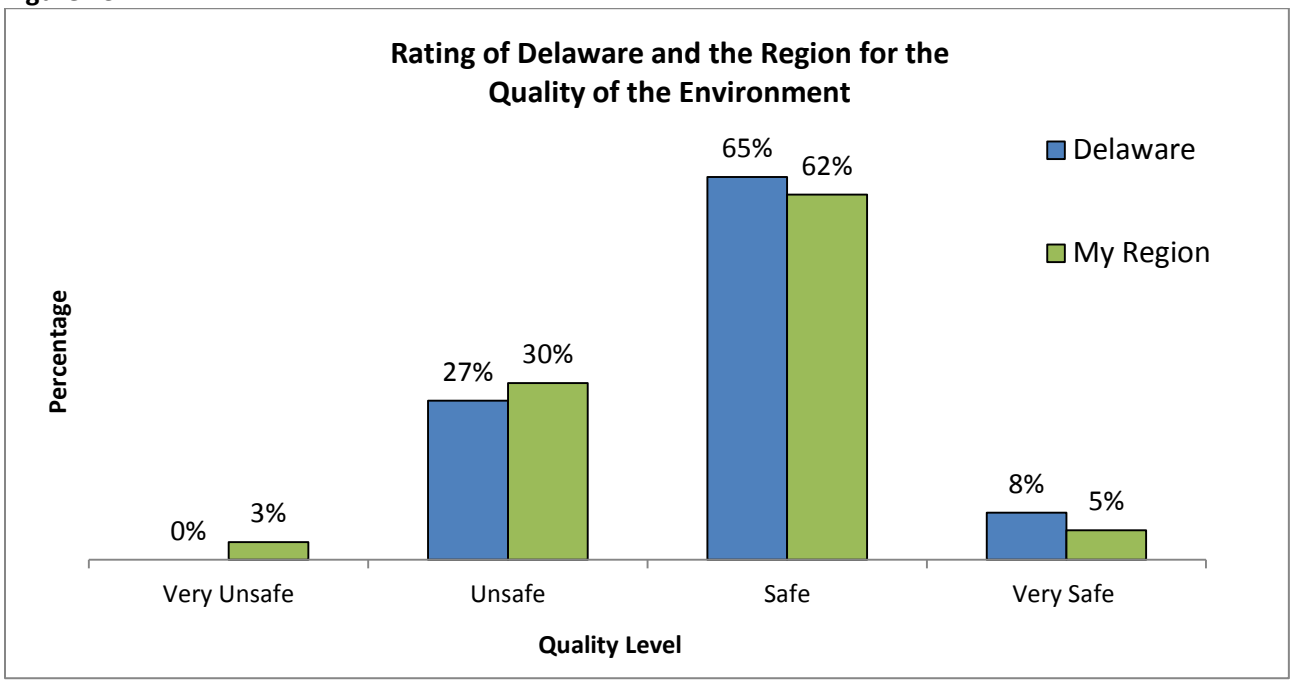


Source: Delaware Community Health Survey, 2012.

The results clearly show respondents feel Delaware and their specific regions are a safe and very safe place to live. Ninety-four percent and 84 percent of respondents rated Delaware and their specific region as safe or very safe, respectively.

Question 12: How would you rate the quality of the environment in Delaware?
Question 13: How would you rate the quality of environment in your region?

Figure 13.

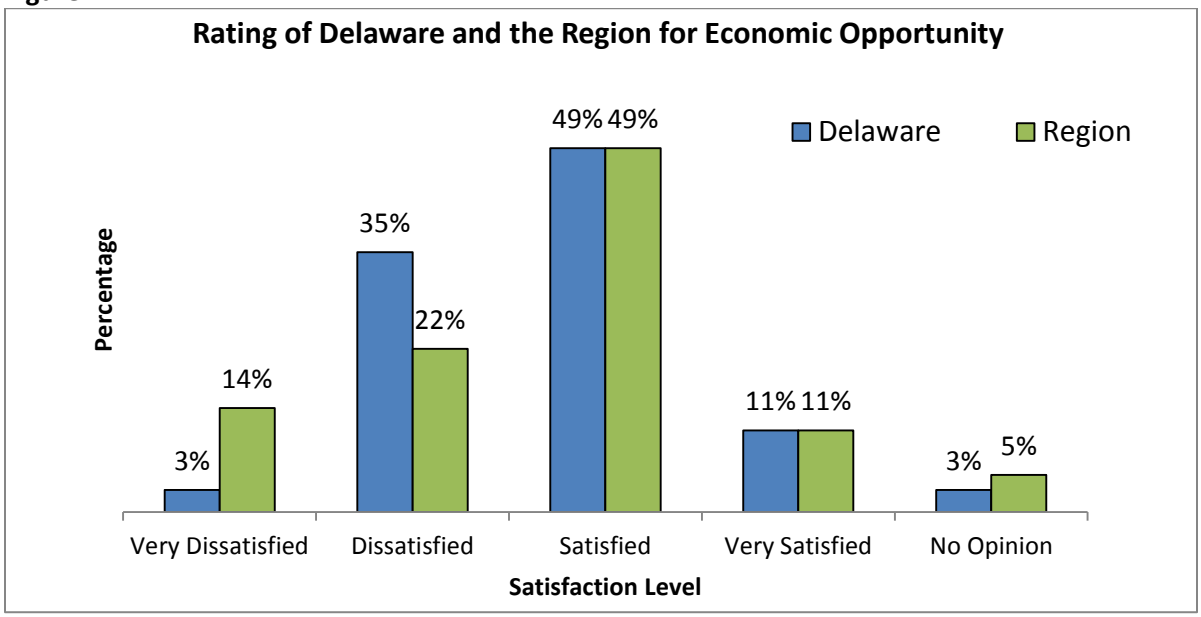


Source: Delaware Community Health Survey, 2012.

Twenty-two percent of respondents rated Delaware's quality of environment as unsafe, compared to 30 percent for their specific region. Sixty-five percent of respondents rated Delaware's quality of environment as safe compared to 62 percent for their specific region.

Question 14: How would you rate the economic opportunity in Delaware?
Question 15: How would you rate the economic opportunity in your region?

Figure 14.

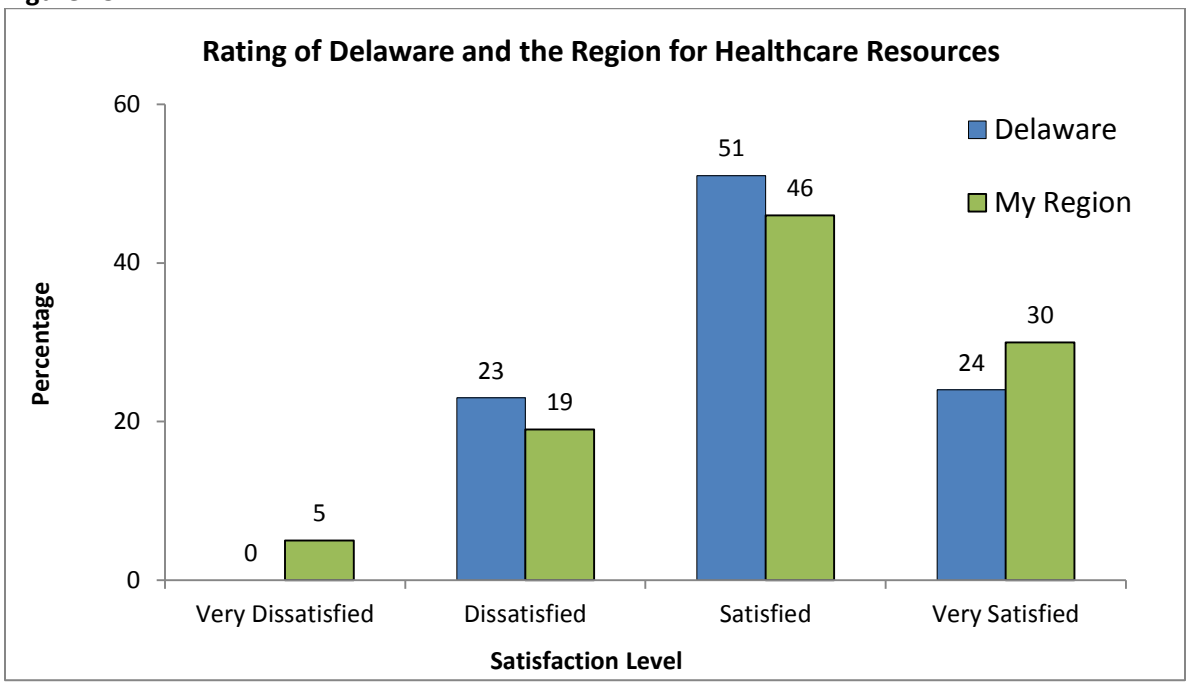


Source: Delaware Community Health Survey, 2012.

Interestingly, 49 percent of respondents were satisfied with the economic opportunity in Delaware and their specific region. Thirty-five percent of respondents were dissatisfied with the economic opportunity in Delaware, while 22 percent were dissatisfied with the economic opportunity in their region. This is the only question where the results were lower for Delaware versus the specific region.

Question 16: How would you rate the healthcare resources in Delaware?
Question 17: How would you rate the healthcare resources in your region?

Figure 15.

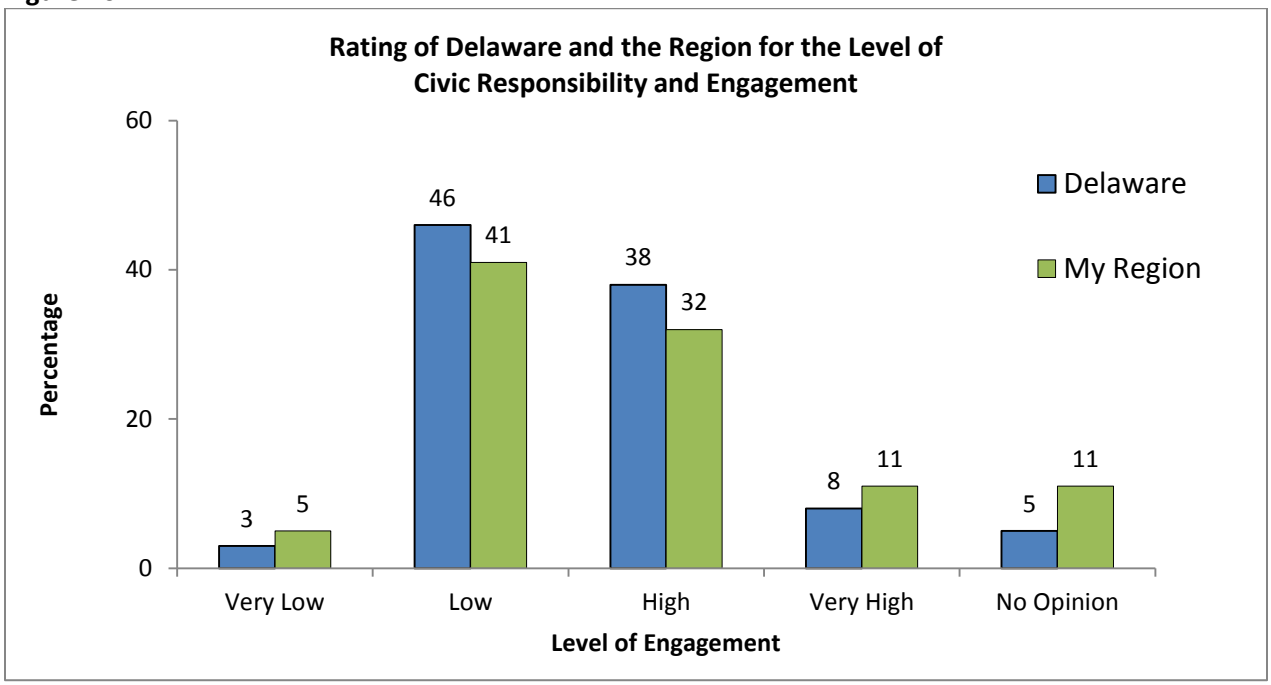


Source: Delaware Community Health Survey, 2012.

The majority of respondents were satisfied or very satisfied with the healthcare resources in Delaware and their specific region. It is important to note, during the stakeholder meetings, it was evident that this is a category of high importance and the results may not indicate the lack of resources for the disabled and for mental health. Also, there was a clear indication of a lack of resources in rural parts of Delaware.

Question 18: How would you rate the level of civic responsibility and engagement in Delaware?
Question 19: How would you rate the level of civic responsibility and engagement in your region?

Figure 16.

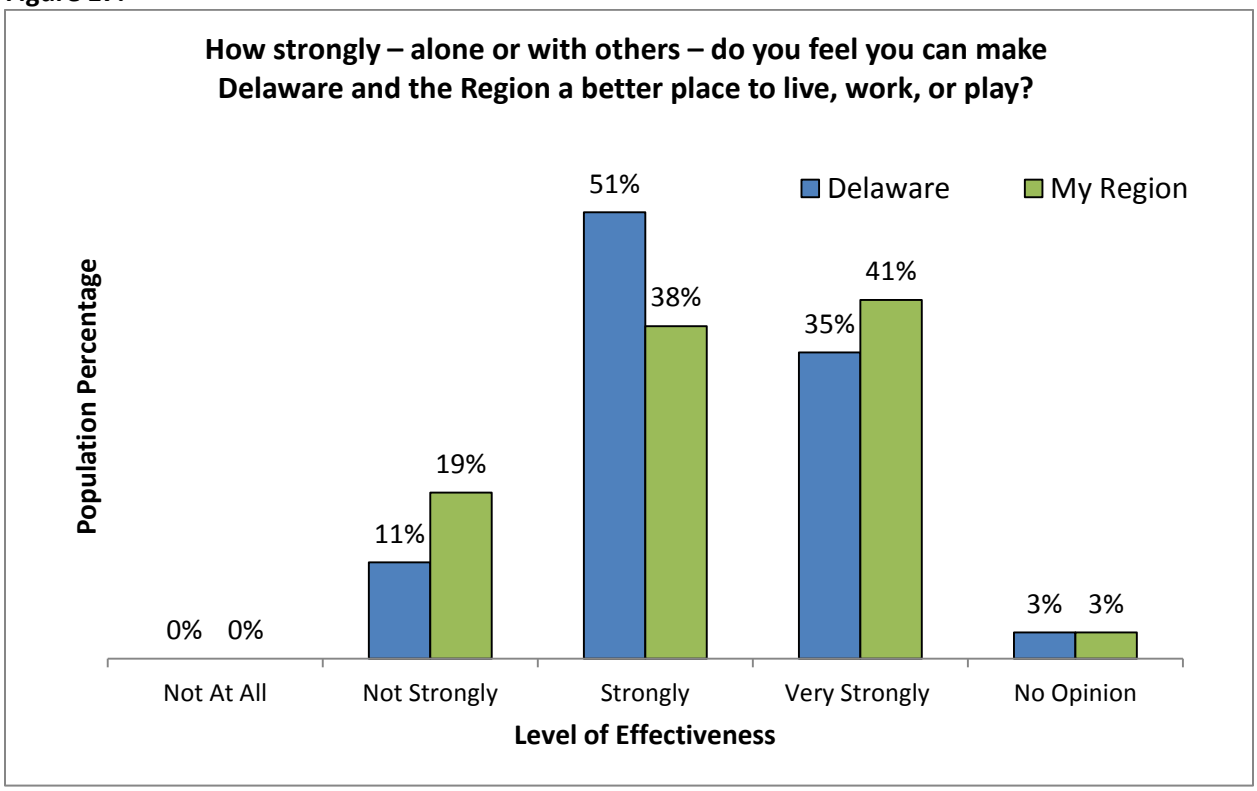


Source: Delaware Community Health Survey, 2012.

Forty-six percent of respondents rated the level of civic responsibility and engagement to be low in Delaware, while 41 percent rated the level of civic responsibility and engagement to be low in their region.

Question 20: How strongly do you feel that you alone or with others could make Delaware a better place to live, work or play?
Question 21: How strongly do you feel that you alone or with others could make your region a better place to live, work or play?

Figure 17.

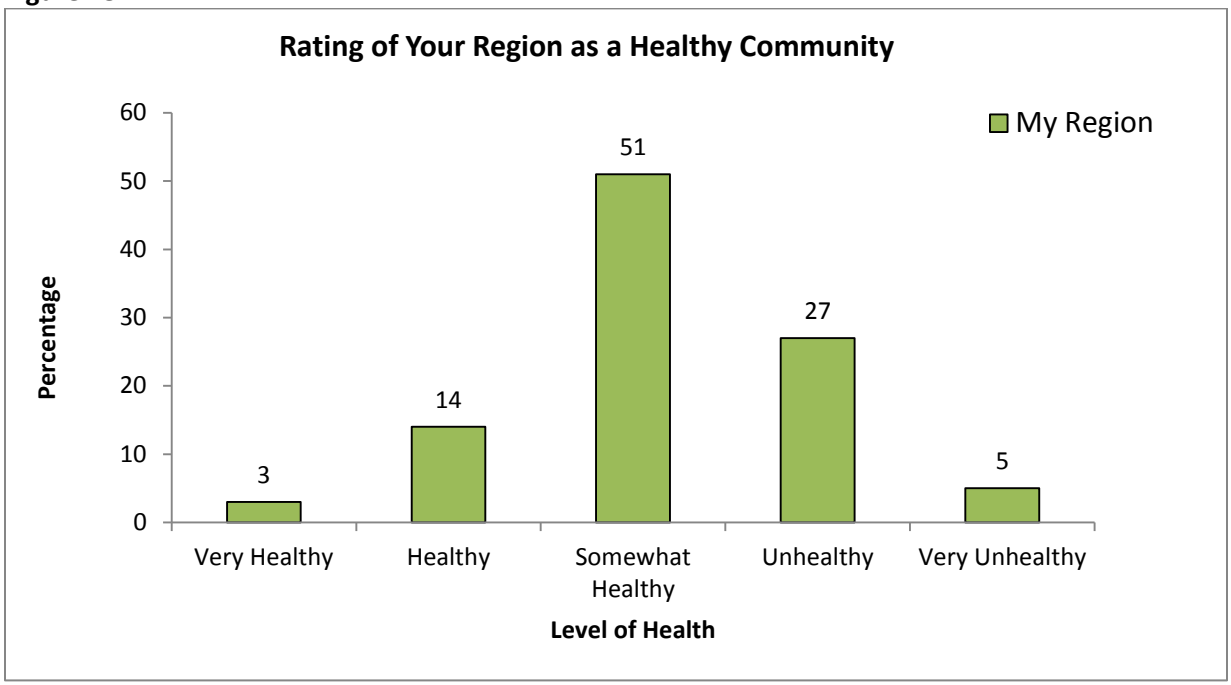


Source: Delaware Community Health Survey, 2012.

Respondents felt strongly or very strongly that they alone or with others could make both Delaware and their region a better place to live, work or play.

Question 22: How strongly do you feel that your region is a healthy community?

Figure 18.



Source: Delaware Community Health Survey, 2012.

Only 17 percent of respondents rated their region as a healthy or somewhat healthy community. The majority of respondents rated their region as a somewhat healthy or unhealthy community.

About the Process

A web-based, electronic survey was designated as the survey tool to reduce the time needed for data entry and cost that a paper survey would have incurred. Results of the survey could possibly be influenced by several factors. Time was limited; stakeholders only had eight business days to take the survey and this may have not been enough time to receive the high response rate we wanted to achieve. We relied on individuals to answer truthfully to the questions since it was a self-report survey. There were no incentives given for completion of the survey, which may contribute to the lower response rate. Overall, the process was deemed a success and provided valuable information for the strategic planning process as well as for the MAPP assessments.

These results will be discussed in more detail in Section 4 of this assessment as well as the *Goals and Strategies Report*. The results will also be used to guide the strategic action plan.

Section 2: Community Themes and Strengths: Stakeholders Meetings and Breakout Sessions

April 4, 2012 Meeting Stakeholder Meeting and Breakout Session

Methodology

A second method of gathering qualitative data was conducted using a series of Statewide Health Assessment stakeholder meetings. Stakeholders are influential members of Delaware community who are very knowledgeable about the issues their organizations and the communities they serve.

April 4, 2012 Meeting

A State Health Assessment (SHA) kick-off meeting occurred on April 4, 2012 from 9:00 a.m. to 4:00 p.m. The beginning session was a group meeting with all stakeholders. A brief overview of the SHA process was discussed. The majority of the group meeting was for the stakeholders to serve as key informants on the major issues affecting the health of communities, the quality of life the communities they serve, what their ideas of a healthy Delaware are and how to achieve a healthy Delaware. The meeting also served as a forum to discuss where the stakeholders want to see the state Public Health agency in five to 10 years.

Data Collection

APS Healthcare, the contracted organization to assist with the State Health Assessment, collected all data from the stakeholders by having them write down their individual thoughts on notecards, which were collected. The information will assist in the development of the state strategic plan.

SHA Kick-off Meeting Results

Stakeholders were given notecards and asked to write down what they thought were characteristics of a healthy Delaware and what the Delaware Public Health System should look like in the next five to 10 years. The answers were compiled and below are the top characteristics identified.

Characteristics of a Healthy Delaware
Access to Care
Coordinated System
Emphasis on Healthy Living/Physical Activity
Addressing the Lifespan
Patient–Centered Care
Emphasis on Prevention
Environment (smoke free, clean air, water)
Safety
Education

Below are a few quotes that provide good insight into the key areas identified.

Coordinated System

- "Increase in use of patient medical home."
- "Improved coordination of care through the use of EMR (Electronic Medical Record)."

Access to Care

- "All people will have available resources to create their healthy lifestyle."
- "Increase access for all to health and social services."
- "Greater access to healthcare system that support the entire population without regard to economic status or health condition."

Emphasis on Healthy Living/Physical Activity

- "The largest drivers of disease and suffering are the results of adverse behaviors – poor eating, poor drinking, and physical inactivity, and smoking. A healthy Delaware will exist when those behavior are dramatically changed."
- "Increased access to healthy and affordable food choices."
- "Convenient access to recreational services to stay active in all three counties: sidewalks/bike trails/parks."
- "Make available public organic food gardens."

Addressing the Lifespan

- "Understand the unique needs associated with development across the life span."
- "All people benefit from comprehensive and preventive quality healthcare regardless of life stage."
- "Focus more on an aging population."

Patient-Centered Care

- "People understand and value the importance of good health."
- "Increase access to healthcare provider by patient connecting to healthcare provider electronically for education, scheduling, questions, updates."
- "Healthcare is patient-centered and integrated with public health resources."

Emphasis on Prevention

- "The focus is a solution focus on how to access, increase, promote assets and resources that promote health and well-being, rather than a problem-focused approach**."**
- "Increase health awareness in areas of preventable chronic disease."
- "Prevention is an integral part of healthcare."

Environment (smoke-free, clean air, water)

- "Clean air, water and well maintained and inspected sewage treatment."
- "Greater access to healthy environment – more public transportation, bike paths, open spaces for walking."
- "Increase recreational options – bike lanes, walking paths, sidewalks, and highway crosswalks."

Safety

- "Increase safe environments in communities."
- "Safe and respectful relationships for all neighborhoods and community conditions that promote non-violence and equality, including gender equality."

Education

- "Better access to healthcare information and data through DPH or provider websites."
- "Walkable communities that support families and individuals in physical activity, education, and community responsibilities."
- "Prevention and education as top health priorities."
- "Better quality education for ALL."

State Public Health System in 5 to 10 years
Collaboration
Accountability
Visibility
Navigability
Knowledge Sharing
Data Tracking/Technology
Addressing Health Disparities

Below are a few quotes that provide good insight into the key areas identified.

Collaboration

- "A collaborative partnership between state, private industry, and community based organizations."
- "Collaborative efforts expanded with community organization."
- "Collaboration is sufficient to address the social determines of health."

Accountability

- "DPH needs to be the leader in health in the state."
- "Introduce legislation to prevent those things that negatively impact public health."
- "Sustainable, dedicated budgets to support vision of Healthy Delawareans Today!"

Visibility

- "Connected to all Delawareans through various communication tools."
- "More visible to all citizens/residents, not just residents with limited means."

Navigability

- "A system that is inclusive and easily navigated."
- "Better, more comprehensive website that is easier to navigate."

Knowledge Sharing

- "Reliable source of timely data/information and related expertise."
- "A system that provides broad range of health promotion and health education materials in multiple formats to reach ALL Delawareans."
- "System that is more prepared and organized to offer resources for prevention, education and healthcare to all in the state."

Data Tracking/Technology

- "A public health system that has a mechanism for collecting and tracking data to inform policy."
- "Demanding more IT support of programs and partnerships to allow problems to be solved."
- "Data is used for action, program development, evaluation, and policy development."

Addressing Health Disparities

- "Facilitating local partnerships for healthier communities and to address unique community needs.'
- "Universal healthcare available."
- "Leading efforts to utilize a public health framework to address health disparities."

The information collected from the note cards was incorporated into the assessments, the vision statements, and the *Goals and Strategies Report*.

Stakeholder Breakout Sessions

Methodology

An additional method of gathering qualitative data was conducted using stakeholder breakout session meetings. The stakeholders chose from the following four subcommittees:

1. Healthy Lifestyle Promotion
2. Community Health Promotion
3. Clinical Services/ Health Care Providers
4. Public Policy

The subcommittee categories were chosen based on the framework of the MAPP process as well as on the Socio-Ecological Model. A list of stakeholders in each subcommittee is located in Appendix 6.

Subcommittee Categories:

1. **Subcommittee for Healthy Lifestyle Promotion**
   Purpose: To help facilitate infrastructure improvement and environmental change to increase physical activity, healthy eating, and tobacco cessation and reduce risky behaviors. To achieve this, subcommittee seeks to work collaboratively with existing programs already working toward this goal.

2. **Subcommittee for Community Health Promotion**
   Purpose: To identify how people typically define their community and identify methods for promoting sense of community. This subcommittee will also perform a series of environmental assessments to identify issues and target areas for change and improvement. In addition, the subcommittee seeks partners that are established community builders in order to follow best practice techniques. The subcommittee also plans to educate partners on the role of the Public Health System.

3. **Subcommittee for Clinical Services**
   Purpose: To identify and measure the quality of clinical services being provided statewide. To better understand the delivery system and access to care for health services in these communities. In addition, the subcommittee works together to develop strategies to reach at-risk populations who are not receiving the care they need; and to increase care coordination.

4. **Subcommittee for Public Policy**
   Purpose: To develop processes for identifying and advocating important health policy issues. In addition, the subcommittee will disseminate information to public health partners on important policy issues.

Visioning Sessions

During the breakout session, each subcommittee worked together to develop a vision of what the subcommittee thought were the major areas for improvement in Delaware and their vision of what Delaware should and could be.

Healthy Lifestyle Promotion Vision Statements

1. Individuals should have access to a coordinated system with shared goals of prevention, patient-centered care, and a healthy and safe environment.
2. A Delaware where good health is not taken for granted, but is valued beginning at preconception and continuing throughout the lifespan…where prevention is the focus, including respect for our bodies, our minds, and our souls.
3. A coordinated system that values the well-being of the individual.
4. Education and information resources that will guide individuals to make informed choices for a healthy life.
5. Individuals have enough knowledge and information to want to be accountable for their health behaviors.
6. The coordinated system empowers individuals to be accountable for a healthy lifestyle.

Community Health Promotion

To establish a healthier Delaware where communities and organizations:

1. Promote healthy behavior change through education and supportive policies and systems.
2. Achieve optimal health by ensuring that everyone has a medical home with appropriate referrals and follow-ups.
3. Eliminate barriers to achieving optimal health such as accessibility, transportation, disparities, and lack of insurance coverage.
4. Maximize resources by collaborating on shared directions to reduce duplicity of services and contain costs.
5. Remove stigma and fears associated with accessing physical and behavioral health services.
6. Provide equitable, integrated access to care.
7. Create healthy environments that foster a sense of community.
8. Create healthy environments to attract medical professionals at all levels.

Clinical Services/Health Care Providers

A Delaware where:

1. People have full access to culturally competent quality and comprehensive health care services.
2. Providers proactively collaborate and coordinate care to improve population/public health and avoid unnecessary duplication of services.
3. All healthcare providers utilize integrated health information technology to optimize health care services.
4. Providers collaborative with community resources to better integrate care (environmental health, behavioral health, and physical health.).
5. People receive primary and specialty care in a patient/family-centered medical home that is integrated with the community.
6. Providers emphasize prevention and promote wellness.

Public Policy

A Delaware where:

1. Existing and future public policy addresses a comprehensive, holistic definition of health for individuals, families, and communities.
2. Policies emphasize prevention and health promotion to enhance the quality of life for all Delawareans.
3. Policies allow Delawareans to have the easiest choices be the healthiest choices.
4. Policies address health priorities across the lifespan for diverse populations.
5. Policies create an environment that fosters health.

The subcommittee vision statements above (also found in Appendix 7) were then narrowed down into one list of vision statements for the state of Delaware. The statements were shared with all stakeholders and stakeholders were encouraged to share the documents within their organizations. The vision for public health is below and can also be found in Appendix 8.

The state of Delaware's vision for public health is:

1. Emphasis on a comprehensive, holistic definition of health for individuals, families, and communities.
2. Policies allow Delawareans to have the easiest choices be the healthiest choices.
3. A coordinated system that values the well-being of the individual with shared goals of prevention, patient-centered care, and a healthy and safe environment.
4. Individuals 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 everyone 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 with 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.

The information collected from the subcommittee meetings and vision statements were also incorporated into the assessments, and the *Goals and Strategies Report*.

July 18, 2012 Stakeholder Meeting and Breakout Session

Methodology

An additional method of gathering qualitative data about perceptions of the quality of life and health in Delaware was conducted using a stakeholder meeting. The information will be used in conjunction to the survey to further develop the major issues affecting the quality of life in Delaware. Stakeholders are influential members of Delaware community who are very knowledgeable about the issues their organizations and the communities they serve are facing.

July 18, 2012 Meeting

A State Health Assessment (SHA) follow up meeting occurred on July 18, 2012 from 9:00 a.m. to 12:00 p.m. The morning session consisted of a group meeting with all stakeholders to share a brief overview of what has occurred and what the next steps are in the SHA process. The results of the *Community Health Survey* were also discussed. The stakeholders were able to ask any questions about the MAPP framework, the results of the surveys, and the status of the assessments. The majority of the group meeting was for the stakeholders to serve as key informants on how to address the major issues affecting the health of Delawareans that were identified through the survey and to provide input on the assets of Delaware. The meeting also served as a forum to discuss what the stakeholders viewed as the forces of change in Delaware. This is further discussed in the *Forces of Change Assessment*. The list of stakeholders who attended the meeting can be found in Appendix 5.

Data Collection

APS Healthcare, the contracted organization to assist with the State Health Assessment, collected all data from the stakeholders by having them write down their individual opinions on Delaware assets and the forces of change on notecards, which were collected. The stakeholders were divided into four teams to discuss strategies to improve the quality of life in Delaware which they wrote down on notecards collected by APS. The information will assist in the development of the strategic issues and the state strategic plan.

SHA Meeting Results

The results of the main stakeholder meeting are discussed in Sections 3 and 4 of this assessment as well as in the *Forces of Change Assessment*. The PowerPoint presentations and results of the *Community Health Survey* were sent to all stakeholders after the completion of the meeting.

Breakout Session Results

Methodology

An additional method of gathering qualitative data on how to improve the health and quality of life in Delaware was conducted using stakeholder breakout session meetings.

The Community Health Survey and stakeholder feedback identified four key areas of improvement to increase the quality of life in Delaware:

1. Increase community support for individuals and families during times of stress and need.
2. Improve Delaware as a place to grow old.
3. Increase the level of civic responsibility and engagement.
4. Improve economic development.

The stakeholders were divided into four groups to discuss and develop strategies to target one of the improvement areas. The groups were similar in size and consisted of stakeholders from different organizations and regions to ensure strategies represented a broad range of perspectives.

Results

Below are the strategies for each area that were developed in the breakout sessions.

Increase community support for individuals and families during times of stress and need.

1. Improve mental health services throughout the state of Delaware, in terms of access, affordability, and quality, especially in Southern Delaware.

2. Increase availability, access, and affordability of supportive family services, such as childcare, respite care, and adult daycare programs.

3. Increase community's health literacy, self-efficacy, and knowledge of available supportive health services.

4. Engage individuals to foster within themselves a sense of community amongst individuals, families, non-profits, small businesses, and corporations to address needed resources and supports.

Improve Delaware as a place to grow old.

1. Health Navigator oversees the process. Develop a network for the aged community, virtual or physical, under one roof, with members who contribute/pay as well as use services.

2. Expand Delaware Aging and Disability Resource Center (ADRE) counseling options to include other areas of assistance: Helpline, technical assistance, modern technology, possible fraud, payment of bills, taxes. Educate about the availability of aging services. Educate new seniors about Delaware services.

3. Access to affordable transition, health services, "Aging in Place," as well as alternatives to transportation (e.g. online shopping, volunteers, Navigator, isolation).

Increase the level of civic responsibility and engagement.

1. Campaign-marketing "What's in it for me?" Educate local leaders (politicians lead the way). Need to further define community and civic responsibility.

2. New model of young and retiree volunteers. Integrate into work life. Not put people "in charge" as they only have four hours. Employers give release time for working adults. How to use volunteer to leverage actual job. Use Internet.

3. State or agency support to develop structure to mobilize volunteers and get local leaders to teach others. Need volunteer recognition, like firefighters. Reach out to current civic leaders. Look at best practices. Need "call to arms" from politicians and community leaders.

4. Encouraging business to develop volunteer opportunities. Communities have changed – look for faith-based leadership, Facebook connections.

5. Best practices for recruiting, especially in senior volunteers. RSVP in a group under AARP. Reach across generations. Use Delawarevolunteers.org.

6. Institutions reach out to local communities.

7. People will mobilize for a cause – sense of urgency.

8. Campaign reminder that when you give it makes you 'happy" – see value of giving.

Improve economic development.

1. Expand facilities such as parks and sports complexes (University of Delaware, Kent County, Sussex County) to attract activities that will bring dollars to the local economy – such as soccer and baseball tournaments. These facilities will also provide opportunities for the local population to participate in healthy activities.

2. Use local skill sets in lower two counties to encourage entrepreneurship – agriculture (fresh produce), crafts etc. Similar to what Lancaster County does now – need to be creative!

3. Continue efforts to tie together educational institutions with healthcare facilities to train people for the jobs necessary to meet the nation's growing healthcare needs.

The strategies developed for each of the four areas will be incorporated into the strategic issues list (Appendix 9), and the *Goals and Strategies Report*.

Section 3: Asset Mapping

The results from the two surveys and the visioning sessions indicate a strong desire to increase collaboration within Delaware and increase the resources and community support for those in need. Eighty-six percent of respondents indicated they felt strongly or very strongly that they alone or with others can make Delaware a better place to live, work, and play.

Asset mapping provides a collective inventory of the positive and valued aspects of a community, including places, institutions, programs, and people and helps identify underdeveloped or the lack of assets. We will use asset mapping to collaboratively address issues of importance in Delaware and use the information to narrow the focus on the strategic action plan. For our purposes, we identified four types of assets:

1. **Physical:** parks, schools, hospitals, places of worship, recreational resources, libraries, open spaces, neighborhoods, clinics, and informal gathering places where youth or elderly gather.

2. **Community Resources:** health clinics, social services organizations, faith-based organizations, civic and fraternal organizations, recreational groups and associations.

3. **Institutions/Businesses:** provides local jobs and work to build a strong local economy and provide needed services for the community.

4. **People:** who routinely volunteer, mentor, and share their expertise and organizational skills to strengthen our communities and lead community improvement.

Stakeholders were asked to identify strong, well-developed assets, underdeveloped assets, and assets that many not exist but would assist in improving the overall health of Delawareans. Below is a table outlining the top answers received for each type of asset. Interestingly, most stakeholders were in agreement on the strong assets that exist in Delaware and the assets that are underdeveloped or non-existent.

Table 1. Results of Asset Mapping

Type of Asset			
Physical	**Strong, Well Developed Assets**	**Underdeveloped Assets**	**Non-Existent Assets**
	Senior/Community Centers/Centers for Independent Living	Transportation to Support Services (especially in Sussex county)	Youth Centers or Gathering Places
	Beach and Beach Community	City and Town Parks-especially in low-income populations	Informal Gathering Places
	National/State Parks/Green Space	Exercise Facilities/Equipment	Safe, Public Square to share Aspirations and Action Plans of Community Groups
	Public Schools	Higher Education for High-Risk Youth	
	Libraries	Sidewalks/Bike Trails	
	Hospitals	Medical/Dental Schools	
	Recreational Facilities/Skate Park	Usage of Parks and Recreational Facilities	
Community Resources	**Strong, Well Developed Assets**	**Underdeveloped Assets**	**Non-Existent Assets**
	Delaware Aging Network (DAN), Delaware Aging and Disability Resource Center (ADRE)	Affordable, Accessible Housing	Community Resources in Sussex County
	Healthcare Clinics	Public Transportation-especially for elderly and disabled	Healthy Food Sources Across the State
	State Mental Health Services	Community Level Mental Health Services	Senior Education Services
	Faith-Based Organizations	Community Health Clinics	
	Strong Non-Profit Community	Coordination of Services and Reducing Duplication of Services	
	YMCA		

Institutions/ Businesses	Strong, Well Developed Assets	Underdeveloped Assets	Non-Existent Assets
	Managed Care Organizations	Program of All-Inclusive Care for the Elderly (PACE)	Incentives for small business
	Healthcare Providers/ Hospitals	Patient-Centered Medical Homes	Lack of Economic Opportunities in Rural Areas
	Home and Community Based Health Services	Long Term Care Service Providers	Many Employers live out of State and are not engaged
	The Banking Industry	Aging and Disability Services and Providers	Hiring Locally versus Recruiting Out of the State
	Del Tech/ University of Delaware	Little support for new and emerging businesses-i.e. biotech	Civic Engagement by Corporations
	Johnson Controls	State is Largest Employer which is a Drain of State Resources.	
People	**Strong, Well Developed Assets**	**Underdeveloped Assets**	**Non-Existent Assets**
	United Way of Delaware	Engagement of community members and stakeholders	No Strong Role Models for Youth Engagement
	Delaware Volunteers.Org	Celebrity Endorsements	Incentives for Adults to become Volunteers
	Crisis Service Agencies such as the Red Cross, 211, hotlines, Meals on Wheels, Jobs for Life	Participation in Local/County Government	Lack of Sense of Community in our Neighborhoods
	Community Leaders	Mentoring in Schools	Youth Volunteerism or Participation in Local Community
	JP Morgan/Chase/Bank of America Partnerships with The Eastside Communities School and Wilmington		
	Pam Leland, The Leland Leadership Group		
	Rev. Jonathan Baker-Epworth Methodist		
	Angela Sequin- University of Delaware- Sexual Offense Support Program Leader		
	Dr. Robert Laskowski, CEO, Christina Care Health System		

Section 4: Conclusion

Across the stakeholder meeting, breakout sessions and the survey results, several common strengths, challenges and issues emerged.

Strengths

The *Community Themes and Strengths Assessment* (CTSA) revealed that the overall quality of life in Delaware is perceived to be good. The majority of respondents were satisfied or very satisfied with the quality of life in Delaware and their communities.

The key strengths include:

- A Good Place to Raise a Family;
- A Safe Place to Live;
- The Quality of the Environment (air, water, trash, bug control, green space);
- Availability of Healthcare Resources;
- Strong Community Leaders;
- Strong Non-Profit Community; and
- Willingness to Collaborate with Organizations.

Challenges and Issues

The *Community Themes and Strengths Assessment* revealed a few key areas in need of improvement. The key issues include:

- Delaware as a Place to Grow Old;
- Community Support for Individuals and Families During Times of Stress and Need, especially for the elderly and disabled, and mentally challenged populations;
- Economic Opportunity;
- Level of Civic Responsibility and Engagement;
- Access to Healthcare Services for the Elderly and Disabled;
- Access to Public Transportation;
- Availability and Access to Mental Health/Mental Wellness Services;
- Availability and Access to Resources, Providers, and Transportation in Sussex County; and
- Chronic Disease Promotion and Prevention.

Furthermore, the CTSA identified over 95 percent of stakeholders define the top three risky behaviors in Delaware (and the strong need to focus on these behaviors) as:

- Being Overweight;
- Lack of Exercise; and
- Poor Eating Habits.

The *Goals and Strategies Report* further explores the strategies developed to target these risky behaviors.

The major themes identified in the CTSA assisted in developing a list of strategic issues for the action plan. The list of strategic issues can be found in Appendix 9. The list was sent to all stakeholders via an electronic link to further define the topics into very important issues, somewhat important issues, and not important issues. From there, we divided the 12 issues into three priority areas (Appendix 10). The

Goals and Strategies Report defines each of the issues, assesses the current state of the issue, why it is important, and the strategies to target the major health issues and how Delaware can achieve its goals.

Overall, the CTSA proved to be very valuable in gaining stakeholders' perceptions and perspectives on the quality of life and assets in Delaware, on the access and availability of healthcare resources, and most importantly, to identify the key health issues and how to improve the overall health of Delawareans.

We would like to extend a very sincere THANK YOU to all the stakeholders who contributed to the State Health Assessment Process. Your feedback is very much appreciated!

Section 5: Appendices

Appendix 1: LIST OF STAKEHOLDERS

Anthony Aglio, Delaware Department of Transportation

Wendy Alleyne, United Healthcare Community Plan of Delaware

Mary Anderson

Elaine Archangelo, Delaware Division of Social Services, DHSS

Amelia Auner, Planned Parenthood of Delaware

Janice Barlow, KIDS Count in Delaware/Center for Community Research & Service

Renée Beaman, Beautiful Gate Outreach Center

Kristin Bennett, Delaware Division of Public Health, DHSS

Steven Blessing, Delaware Division of Public Health, Emergency Medical Services and Preparedness Section, DHSS

Jamee Boone, United Way of Delaware

Jane Bowen, Children and Families First of Delaware

Bill Bowser, Delaware Cancer Consortium

Fred Breukelman, Delaware Division of Public Health, Health Education, DHSS

Deborah Brown, American Lung Association of the Mid-Atlantic

Paul Calistro, West End Neighborhood House

Carleton Carey, Sr., Mayor, City of Dover

Marianne Carter, Delaware Center for Health Promotion at Delaware State University

Aleks Casper, March of Dimes Foundation

Judy Chaconas, Delaware Division of Public Health, Health Planning and Resource Management, DHSS

Jeanne Chiquoine, American Cancer Society, Delaware Government Relations

Kevin Churchwell, Nemours/Alfred I. duPont Hospital for Children

Lorren Clark, United Healthcare Community Plan of Delaware

Hazel Cole, The Parent Information Center of Delaware

B.J. DeCoursey, University of Delaware, Institute for Public Administration

Noel Duckworth, Delaware Coalition Against Domestic Violence

Rick Duncan, Delaware Rural Water Association

Susan Eggert, New Castle County's Department of Community Services

Frances Esposito, Delaware Authority on Radiation Protection

Alisa Fowler, Beebe Healthcare

Jeffrey Fried, Beebe Healthcare

Jane Gallivan, Delaware Division of Developmental Disabilities Services, DHSS

Peggy Geisler, Sussex County Health Promotion Coalition

Tim Gibbs, Delaware Academy of Medicine

Jerry Gallucci, Delaware Psychiatric Center, DHSS

Michelle Givens, Beebe Healthcare

Barbara Gladders, Delaware Division of Public Health, DHSS

Sara Grainger, Delaware HIV Consortium, Community Planning & Policy Development

Christopher Grundner, Delaware Alliance for Nonprofit Advancement

Rev. Robert Hall, Delaware Ecumenical Council on Children and Families

Katie Hamilton, Delaware Chapter - American Academy of Pediatrics

Sharon Harrington, Nanticoke Health Services

Sandra Hassink, Nemours/Alfred I. duPont Hospital for Children/Delaware Council on Health Promotion and Disease Prevention

Rich Heffron, Delaware Chamber of Commerce

Judith Herrman, University of Delaware, School of Nursing

Julie Hester, Saint Francis Healthcare

Nanci Hoffman, Planned Parenthood of Delaware

Peter Houle, Delaware HIV Consortium

Kevin Ann Huckshorn, Delaware Division of Substance Abuse and Mental Health, DHSS

Alisa Jones, Delaware Division of Public Health, DHSS

Ed Kee, Delaware Department of Agriculture

Jonathan Kirch, American Heart Association

Faith Kuehn, Delaware Department of Agriculture

Diane Laird, Delaware Economic Development Office

Robert Laskowski, Christiana Care Health System

Jan Lee, Delaware Health Information Network

Carrie Leishman, Delaware Restaurant Association

Jerry Llewellyn, Delaware Division of Public Health, DHSS

Lolita Lopez, Westside Family Healthcare

Bill Love, Delaware Division of Services for Aging and Adults with Physical Disabilities, DHSS

Rosanne Mahaney, Delaware Division of Medicaid & Medical Assistance, DHSS

Spiros Mantzavinos, Delaware Health Information Network

Pam Marecki, Bayhealth Medical Center, Marketing & Communications

Kim Marsh, United Healthcare Community Plan of Delaware

Steve Martin, University of Delaware, Center for Drug and Alcohol Studies

Cort Massey, Delaware Division of Public Health, DHSS

Kathy Matt, University of Delaware, College of Health Sciences

Maria Mattos, Latin American Community Center

Laurie McArthur, Mental Health Association in Delaware

Karen McGloughlin, Delaware Division of Public Health, Office of Women's Health, DHSS

Gregory McLaurin, Delaware Division of Social Services, DHSS

Mark Meister, Medical Society of Delaware

Rose Mili, Christiana Care Health System

Mary Kate Mouser, Nemours/Alfred I. duPont Hospital for Children, Nemours Health and Prevention Services

Anita Muir, Delaware Division of Public Health, DHSS

Dan Murphy, United Way of Delaware

Terry Murphy, Bayhealth Medical Center

Sarah Nagle, Christiana Care Health System

Leslie Newman, Children and Families First of Delaware

Mary Nordenson, Delaware Physicians Care (Aetna)

Susan Noyes, Delaware Healthy Mother & Infant Consortium, Education and Prevention

Chris Oakes, Delaware Division of Services for Aging & Adults with Physical Disabilities, DHSS

Brian Olson, La Red Health Center

Collin O'Mara, Delaware Department of Natural Resources and Environmental Control

Judy Pappenhagen, Christiana Care Health System

Jigar Patel, Delaware Rural Water Association

David Paul, Christiana Care Health System /Delaware Healthy Mother and Infant Consortium

Anne Pedrick, Child Death, Near Death & Stillbirth Commission

Brian Rahmer, Delaware Coalition for Healthy Eating and Active Living

Ed Ratledge, University of Delaware, Center for Applied Demography and Survey Research

Doug Rich, Delaware Division of Public Health, Health Statistics Center, DHSS

Andrea Rinehart, Quality Insights of Pennsylvania

Rosita Rivera, Henrietta Johnson Medical Center

Ronniere Robinson, Delaware Division of Public Health, Office of Minority Health, DHSS

Tina Robinson, ContactLifeline, Inc.

Jill Rogers, Delaware Health Care Commission

Steven Rose, Nanticoke Health Services

Kathleen Russell, Delaware Division of Public Health, DHSS

Kate Salvato, Bayhealth Medical Center

Lisa Schieffert, Delaware Physicians Care, AETNA

Marjorie Shannon, Delaware Division of Public Health, DHSS

Donna S. Sharp, Delaware Division of Public Health, Office of Health and Risk Communications, DHSS

Paul Silverman, Delaware Division of Public Health, DHSS

Kimberly Smalls, Delaware Physicians Care, AETNA

Wayne Smith, Delaware Healthcare Association

Eileen Sparling, University of Delaware, Center for Disabilities Studies, Healthy Delawareans with Disabilities Project

Michelle Taylor, United Way of Delaware

Mark Thompson, Medical Society of Delaware

Sue Towers, Beebe Healthcare

A Trabelsi, Delaware Greenways

John VanGorp, Bayhealth Medical Center

Richard Wadman, Delaware Health Information Network

Yrene Waldon, Delaware Health Care Facility Association

David Walton, Office of Performance Management, DPH

Denese Welch, Delaware Division of Public Health, Health Statistics Center, DHSS

Betsy Wheeler, Delaware Diabetes Coalition

Amy Whiffen, Forward Consultants on behalf of APS Healthcare

Megan Williams, Beebe Healthcare

Deborah Wilson, Metropolitan Wilmington Urban League

Linda Wolfe, Delaware Department of Education

Jennifer Wooleyhand, Delaware Division of Public Health, Office of Health and Risk Communications, DHSS

Kimberly Swanson, APS Healthcare

Vik Vishnubhakta, Forward Consultants on behalf of APS Healthcare

Appendix 2: Pre-Kick-Off Meeting Survey

1. Which age descriptions best describe the clients your organization serves? Check all applicable descriptions.

- Infants and children (ages 0-12 years)
- Teenagers (ages 13-17 years)
- Young Adults (ages 18-24 years)
- Adults (ages 25-64 years)
- Older Adults (ages 65+ years)
- Men
- Women
- My organization does not serve clients

2. Please describe where the majority of your clients live. Check all applicable descriptions.

- Rural Kent and/or Sussex County
- Suburban New Castle County
- Small Town (Georgetown, Milford, Smyrna)
- City (Specifically: Dover, Newark, Wilmington)
- My organization does not serve clients

3. From your perspective, describe the social elements reflected by the majority of your clients. Check all applicable descriptions.

- Poor
- Lower Middle Class
- Upper Middle Class
- Wealthy
- Elementary School Students (Kindergarten-Grade 5)
- Middle School Students (Grades 6-8)
- High School Students (Grades 9-12)
- High School Drop-Out
- High School Graduate But No College
- Some College
- College Graduate
- Living in Stable Families
- Living in Unstable Families
- My organization does not serve clients
- Other. Explain:

4. Describe your organization's long-range planning. (This question may provide present and future support to this and other DPH strategic planning efforts. We can possibly use the answer as a statistic to support our need for public health system planning, such as on grant requests.) Choose one only.

- Year-to-Year
- Less than a 5-year strategic plan
- 5-year strategic plan
- More than a 5-year strategic plan but less than a 10-year strategic plan
- 10-year strategic plan
- More than a 10-year strategic plan
- I don't know if my organization has a strategic plan/long-range plan
- My organization does not have any strategic plan/long-range planning

5. The following are a list of 26 public health issues that your clients may face. Based on your organization, drag and drop each of these public health issues into one of the three boxes [Very Important Public Health Issue for My Organization's Clients; Fairly Important Public Health Issue for My Organization's Clients; Not an Important Public Health Issue for My Organization's Clients] on the right. You can only drop UP TO 9 ISSUES into each of the three boxes. If your organization does not serve clients, please leave this question blank.

1. Access to Clinical Services
2. Adolescent Health
3. Cancer
4. Chronic Disease Prevention and Control
5. Communicable Disease
6. Community Health
7. Cultural Barriers
8. Diabetes
9. Drug and Alcohol Use
10. Emergency Preparedness/Response
11. Environmental Health
12. Health Education/Health Promotion
13. Heart Problems
14. Help Connecting to Services
15. Hunger
16. Illiteracy
17. Injury Prevention
18. Laboratory Services
19. Language Barriers
20. Maternal and Child Health
21. Mental Health
22. Obesity
23. Overweight
24. Poor Nutrition
25. Sexually Transmitted Diseases/Infections (STD/STI)
26. Social Determinants of Health

Appendix 3: Stakeholders in Attendance at 4/4/2012 Meeting

Mary Anderson

Jane Bowen, Children and Families First of Delaware

Fred Breukelman, Delaware Division of Public Health, Health Education, DHSS

Jeanne Chiquoine, American Cancer Society, Delaware Government Relations

B.J. DeCoursey, University of Delaware, Institute for Public Administration

Noel Duckworth, Delaware Coalition Against Domestic Violence

Susan Eggert, New Castle County's Department of Community Services

Jerry Gallucci, Delaware Psychiatric Center, DHSS

Barbara Gladders, Delaware Division of Public Health, DHSS

Sara Grainger, Delaware HIV Consortium, Community Planning & Policy Development

Sharon Harrington, Nanticoke Health Services

Judith Herrman, University of Delaware, School of Nursing

Peter Houle, Delaware HIV Consortium

Jonathan Kirch, American Heart Association

Faith Kuehn, Delaware Department of Agriculture

Jerry Llewellyn, Delaware Division of Public Health, DHSS

Karen McGloughlin, Delaware Division of Public Health, Office of Women's Health, DHSS

Mary Kate Mouser, Nemours/Alfred I. duPont Hospital for Children, Nemours Health and Prevention Services

Anita Muir, Delaware Division of Public Health, DHSS

Dan Murphy, United Way of Delaware

Chris Oakes, Delaware Division of Services for Aging & Adults with Physical Disabilities, DHSS

Tina Robinson, ContactLifeline, Inc.

Kathleen Russell, Delaware Division of Public Health, DHSS

Kate Salvato, Bayhealth Medical Center

Marjorie Shannon, Delaware Division of Public Health, DHSS

Donna S. Sharp, Delaware Division of Public Health, Office of Health and Risk Communications, DHSS

Kimberly Smalls, Delaware Physicians Care, AETNA

Eileen Sparling, University of Delaware, Center for Disabilities Studies, Healthy Delawareans with Disabilities Project

John VanGorp, Bayhealth Medical Center

Megan Williams, Beebe Healthcare

Deborah Wilson, Metropolitan Wilmington Urban League

Kimberly Swanson, APS Healthcare

Vikrum Vishnubhakta, Forward Consultants on behalf of APS Healthcare

Appendix 4: Community Health Survey

1. In which REGION do you live? Please think of this as the region for all questions that ask for "YOUR REGION".

- Kent County
- New Castle County (EXCLUDING the City of Wilmington)
- Sussex County
- City of Wilmington

2. How satisfied are you with the quality of life in DELAWARE? (Consider your sense of safety, well-being, and participation in community life.)

- Very Dissatisfied
- Dissatisfied
- Satisfied
- Very Satisfied
- No Opinion

3. How satisfied are you with the quality of life in YOUR REGION? (Consider your sense of safety, well-being, and participation in community life.)

- Very Dissatisfied
- Dissatisfied
- Satisfied
- Very Satisfied
- No Opinion

4. How would you rate DELAWARE as a place to raise a family? (Consider school quality, day care, after-school programs, recreation, etc.)

- Poor
- Fair
- Good
- Very Good
- Excellent
- No Opinion

5. How would you rate YOUR REGION as a place to raise a family? (Consider school quality, day care, after-school programs, recreation, etc.)

- Poor
- Fair
- Good
- Very Good
- Excellent
- No Opinion

6. How would you rate DELAWARE as a place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, etc.)

- Poor
- Fair
- Good
- Very Good
- Excellent
- No Opinion

7. How would you rate YOUR REGION as a place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, etc.)

- Poor
- Fair
- Good
- Very Good
- Excellent
- No Opinion

8. How would you rate community support for individuals and families during times of stress and need in DELAWARE? (Consider neighbors, support groups, faith community, agencies, and organizations.)

- Poor
- Fair
- Good
- Very Good
- Excellent
- No Opinion

9. How would you rate community support for individuals and families during times of stress and need in YOUR REGION? (Consider neighbors, support groups, faith community, agencies, and organizations.)

- Poor
- Fair
- Good
- Very Good
- Excellent
- No Opinion

10. How would you rate DELAWARE as a safe place to live? (Consider at home, at work, in the schools, playgrounds, parks, the mall/shopping centers, etc.)

- Very Unsafe
- Unsafe
- Safe
- Very Safe
- No Opinion

11. How would you rate YOUR REGION as a safe place to live? (Consider at home, at work, in the schools, playgrounds, parks, the mall/shopping centers, etc.)

- Very Unsafe
- Unsafe
- Safe
- Very Safe
- No Opinion

12. How would you rate the quality of the environment in DELAWARE? (Consider air quality, water quality, trash, bug control, etc.)

- Very Unsafe
- Unsafe
- Safe
- Very Safe
- No Opinion

13. How would you rate the quality of the environment in YOUR REGION? (Consider air quality, water quality, trash, bug control, etc.)

- Very Unsafe
- Unsafe
- Safe
- Very Safe
- No Opinion

14. How satisfied are you with the economic opportunity in DELAWARE? (Consider amount of locally-owned and operated businesses, job availability, job training, career growth, affordable housing, reasonable commute, etc.)

- Very Dissatisfied
- Dissatisfied
- Satisfied
- Very Satisfied
- No Opinion

15. How satisfied are you with the economic opportunity in YOUR REGION? (Consider amount of locally-owned and operated businesses, job availability, job training, career growth, affordable housing, reasonable commute, etc.)

- Very Dissatisfied
- Dissatisfied
- Satisfied
- Very Satisfied
- No Opinion

16. How satisfied are you with the healthcare resources in DELAWARE? (Consider access, cost, availability, quality, options in healthcare, etc.)

- Very Dissatisfied
- Dissatisfied
- Satisfied
- Very Satisfied
- No Opinion

17. How satisfied are you with the healthcare resources in YOUR REGION? (Consider access, cost, availability, quality, options in healthcare, etc.)

- Very Dissatisfied
- Dissatisfied
- Satisfied
- Very Satisfied
- No Opinion

18. How would you rate the level of civic responsibility and engagement in DELAWARE? (Consider participation in community groups, volunteering, voter turn-out, etc.)

- Very Low
- Low
- High
- Very High
- No Opinion

19. How would you rate the level of civic responsibility and engagement in YOUR REGION? (Consider participation in community groups, volunteering, voter turn-out, etc.).

- Very Low
- Low
- High
- Very High
- No Opinion

20. How strongly do you feel that you - alone or with others - can make DELAWARE a better place in which to live, work, or play?

- Not At All
- Not Strongly
- Strongly
- Very Strongly
- No Opinion

21. How strongly do you feel that you - alone or with others - can make YOUR REGION a better place in which to live, work, or play?

- Not At All
- Not Strongly
- Strongly
- Very Strongly
- No Opinion

22. How much would you rate YOUR REGION as a "Healthy Community"?

- Very Healthy
- Healthy
- Somewhat Healthy
- Unhealthy
- Very Unhealthy

23. In the following list, what do you think are the THREE (3) most important factors for a Healthy Community? (Those factors which most improve the quality of life in a community). Drag and drop these responses into the box on the right.

- Access to healthcare (e.g., family doctor)
- Affordable housing
- Arts and cultural events
- Clean environment
- Good jobs and healthy economy
- Good place to raise children
- Good race relations
- Good schools
- Healthy behaviors and lifestyles
- Low adult death and disease rates
- Low crime / safe neighborhoods
- Low infant deaths
- Low level of child abuse
- Parks and recreation
- Religious or spiritual values
- Strong family life

24. In the following list, what do you think are the THREE (3) most important "health problems" in YOUR REGION? (Those factors which have the greatest impact on overall community health). Drag and drop these responses into the box on the right.

- Aging problems (e.g., arthritis, hearing/vision loss, etc.)
- Cancers
- Child abuse / neglect
- Dental problems
- Diabetes
- Domestic Violence
- Firearm-related injuries
- Heart disease and stroke
- High blood pressure
- HIV / AIDS
- Homicide
- Infant Death
- Infectious Diseases (e.g., hepatitis, TB, etc.)
- Mental health problems
- Motor vehicle crash injuries
- Rape / sexual assault
- Respiratory / lung disease
- Sexually Transmitted Diseases (STDs)
- Suicide
- Teenage pregnancy

25. In the following list, what do you think are the THREE (3) most important "risky behaviors" in YOUR REGION? (Those factors which have the greatest impact on overall community health.) Drag and drop these responses into the box on the right.

- Alcohol abuse
- Being overweight
- Dropping out of school
- Drug abuse
- Lack of exercise
- Poor eating habits
- Not getting “shots” to prevent disease
- Racism
- Tobacco use
- Not using birth control
- Not using seat belts / child safety seats
- Unsafe sex

Appendix 5: Stakeholders in Attendance at 7/18/2012 Meeting

Amelia Auner, Planned Parenthood of Delaware
Karyl T. Rattay, Delaware Division of Public Health, DHSS
Kristin Bennett, Delaware Division of Public Health, DHSS
Jane Bowen, Children and Families First of Delaware
Fred Breukelman, Delaware Division of Public Health, Health Education, DHSS
B.J. DeCoursey, University of Delaware, Institute for Public Administration
Noel Duckworth, Delaware Coalition Against Domestic Violence
Michelle Givens, Beebe Healthcare
Sara Grainger, Delaware HIV Consortium, Community Planning & Policy Development
Rev. Robert Hall, Delaware Ecumenical Council on Children and Families
Rich Heffron, Delaware Chamber of Commerce
Peter Houle, Delaware HIV Consortium
Jan Lee, Delaware Health Information Network
Kim Marsh, United Healthcare Community Plan of Delaware
Cort Massey, Delaware Division of Public Health, DHSS
Karen McGloughlin, Delaware Division of Public Health, Office of Women's Health, DHSS
Dan Murphy, United Way of Delaware
Chris Oakes, Delaware Division of Services for Aging & Adults with Physical Disabilities, DHSS
Judy Pappenhagen, Christiana Care Health System
Anne Pedrick, Child Death, Near Death & Stillbirth Commission
Tina Robinson, ContactLifeline, Inc.
Kate Salvato, Bayhealth Medical Center
Lisa Schieffert, Delaware Physicians Care, AETNA
Donna S. Sharp, Delaware Division of Public Health, Office of Health and Risk Communications, DHSS
Paul Silverman, Delaware Division of Public Health, DHSS
Kimberly Smalls, Delaware Physicians Care, AETNA
Eileen Sparling, University of Delaware, Center for Disabilities Studies, Healthy Delawareans with Disabilities Project
Kimberly Swanson, APS Healthcare
Vikrum Vishnubhakta, Forward Consultants on behalf of APS Healthcare
Richard Wadman, Delaware Health Information Network
Amy Whiffen, Forward Consultants on behalf of APS Healthcare
Megan Williams, Beebe Healthcare
Deborah Wilson, Metropolitan Wilmington Urban League
Linda Wolfe, Delaware Department of Education

Appendix 6: Subcommittee Members

Public Policy Subcommittee Members
Noel Duckworth, Delaware Coalition Against Domestic Violence
Eileen Sparling, University of Delaware, Center for Disabilities Studies, Healthy Delawareans with Disabilities Project
B.J. DeCoursey, University of Delaware, Institute for Public Administration
Faith Kuehn, Delaware Department of Agriculture
Jerry Gallucci, Delaware Psychiatric Center, DHSS
Barbara Gladders, Delaware Division of Public Health, DHSS
Deborah Wilson, Metropolitan Wilmington Urban League
Sara Grainger, Delaware HIV Consortium, Community Planning & Policy Development
Jonathan Kirch, American Heart Association
Marjorie Shannon, Delaware Division of Public Health, DHSS
Judith Herrman, University of Delaware, School of Nursing

Healthy Lifestyle (Individual) Subcommittee Members
Susan Eggert, New Castle County's Department of Community Services
Tina Robinson, ContactLifeline, Inc.
Jeanne Chiquoine, American Cancer Society, Delaware Government Relations

Health Care Providers Subcommittee Members
John VanGorp, Bayhealth Medical Center
Mary Kate Mouser, Nemours/Alfred I. duPont Hospital for Children, Nemours Health and Prevention Services
Megan Williams, Beebe Healthcare
Jane Bowen, Children and Families First of Delaware
Kimberly Smalls, Delaware Physicians Care, AETNA

Community Health Promotion (Organization) Subcommittee Members
Jerry Llewellyn, Delaware Division of Public Health, DHSS
Anita Muir, Delaware Division of Public Health, DHSS
Chris Oakes, Delaware Division of Services for Aging & Adults with Physical Disabilities, DHSS
Fred Breukelman, Delaware Division of Public Health, Health Education, DHSS
Kate Salvato, Bayhealth Medical Center
Peter Houle, Delaware HIV Consortium
Sharon Harrington, Nanticoke Health Services
Karen McGloughlin, Delaware Division of Public Health, Office of Women's Health, DHSS
Dan Murphy, United Way of Delaware
Kathleen Russell, Delaware Division of Public Health, DHSS
Mary Anderson
Donna S. Sharp, Delaware Division of Public Health, Office of Health and Risk Communications, DHSS

Appendix 7: Subcommittee Vision Statements

Public Policy Subcommittee Vision Statements

A Delaware Where:

1. Existing and future public policy addresses a comprehensive, holistic definition of health for individuals, families, and communities.
2. Policies emphasize prevention and health promotion to enhance the quality of life for all Delawareans.
3. Policies allow Delawareans to have the easiest choices be the healthiest choices.
4. Policies address health priorities across the lifespan for diverse populations.
5. Policies create an environment that fosters health.

Healthy Lifestyle (Individual) Subcommittee Vision Statements

1. Individuals should have access to a coordinated system with shared goals of prevention, patient-centered care, and a healthy and safe environment.
2. A Delaware where good health is not taken for granted, but is valued beginning at preconception and continuing throughout the lifespan…where prevention is the focus, including respect for our bodies, our minds, and our souls.
3. A coordinated system that values the well-being of the individual.
4. Education and information resources that will guide individuals to make informed choices for a healthy life.
5. Individuals have enough knowledge and information to want to be accountable for their health behaviors.
6. The coordinated system empowers individuals to be accountable for a healthy lifestyle.

Community Health Promotion (Organization) Subcommittee Vision Statements

To establish a healthier Delaware where communities and organizations:

1. Promote healthy behavior change through education and supportive policies and systems.
2. Achieve optimal health by ensuring that everyone has a medical home with appropriate referrals and follow-ups.
3. Eliminate barriers to achieving optimal health such as accessibility, transportation, disparities, and lack of insurance coverage.
4. Maximize resources by collaborating on shared directions to reduce duplicity of services and contain costs.
5. Remove stigma and fears associated with accessing physical and behavioral health services.
6. Provide equitable, integrated access to care.
7. Create healthy environments that foster a sense of community.
8. Create healthy environments to attract medical professionals at all levels.

Health Care Providers Subcommittee Vision Statements

A Delaware Where:

1. People have full access to culturally competent quality and comprehensive health care services.
2. Providers proactively collaborate and coordinate care to improve population/public health and avoid unnecessary duplication of services.
3. All healthcare providers utilize integrated health information technology to optimize health care services.
4. Providers collaborative with community resources to better integrate care (environmental health, behavioral health, and physical health.).
5. People receive primary and specialty care in patient/family-centered medical homes that are integrated with the community.
6. Providers emphasize prevention and promote wellness**.**

Appendix 8: The State of Delaware's Vision for Public Health

The state of Delaware's vision for public health is:

1. Emphasis on a comprehensive, holistic definition of health for individuals, families, and communities.
2. Policies allow Delawareans to have the easiest choices be the healthiest choices.
3. A coordinated system that values the well-being of the individual with shared goals of prevention, patient-centered care, and a healthy and safe environment.
4. Individuals 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 everyone 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 with 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.

Appendix 9: List of Strategic Issues

1. How can health care providers and health care organizations better educate the population to promote primary prevention and lasting healthy 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 Black 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?

Appendix 10: Strategic Issues by Priority Category

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. Strategic Issue 2: How can the health community effectively identify and address the behavioral health treatment and mental well-being needs of the population?
C. Strategic Issue 3: How can health care providers and health care organizations better educate the population to promote primary prevention and lasting healthy behavior change such as eating well, increasing physical activity and reducing/eliminating risky behaviors?

Goal 1: Health Promotion
Goal 2: Healthy Food Access
Goal 3: Improving Children's Health
Goal 4: Smoking Cessation
Goal 5: Reduce Diabetes

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

A. 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?

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

C. Strategic Issue 6: How can existing organizations and infrastructure be adapted to meet the specialized and diverse needs of the growing aging population?

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

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

B. Strategic Issue 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?

C. Strategic Issue 9: How can Delaware's health community address the increasing racial disparities in health status across the lifespan, especially within the Black population in New Castle County (and the growing Hispanic population in Sussex County)?