



*DELAWARE HEALTH AND SOCIAL SERVICES*

Division of Public Health

# **Community Themes and Strengths Assessment (CTSA)**

 APS Healthcare

## Delaware Community Themes and Strengths Assessment

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## Delaware Community Themes and Strengths Assessment

### **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 Department of Public Health. This makes the commitment to collaboration within and across the various healthcare organizations and providers in the three counties, New Castle, Kent, and Sussex, essential to the health in its communities. 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 inform 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 & Prevention. Figure 1 below displays how the CTSA is incorporated within the MAPP framework.

Figure 1.



## **Delaware Community Themes and Strengths Assessment**

Delaware adapted the MAPP model to fit its needs to conduct a state-wide 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 DE 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. Existing data sources and reports were also used for information. Information was also used from the additional two assessments, the Community Health Status Assessment and the Forces of Change Assessment in the MAPP process, community health status assessment and the forces of change assessment to identify information used in the 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-Kickoff Meeting Survey**

#### **Methodology**

The Stakeholder Pre-Kickoff Meeting Survey was developed by a State Health Assessment advisory board headed by Paul Silverman, Dr. P.H., Associate Deputy Director for Health Information & 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 6-question survey (Appendix 2) was developed after the advisory board established the goals of the stakeholder kickoff 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 in category did not matter, all issues identified in the category held the same weight. For example, the issue identify 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 electronic link to the survey is below:

[https://qtrial.qualtrics.com/SE/?SID=SV\\_73wvFITNNqYAOxe](https://qtrial.qualtrics.com/SE/?SID=SV_73wvFITNNqYAOxe)

The stakeholders were given 6 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 Kickoff Meeting on April 4<sup>th</sup>, 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-Kickoff 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, and environmental agencies, not for profit organization. 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 organization they represent is located in Appendix 3. A total of 120 stakeholders were invited to be a part of the State Health Assessment process.

## **Delaware Community Themes and Strengths Assessment**

### **Data Collection and Analysis**

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

### **Results**

Below are the results of 6-question survey. The breakdown of percentages will not equal 100% due to organizations choosing multiple descriptions for each question.

Delaware Community Themes and Strengths Assessment

**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%. The breakdown between male and female is almost even, 50% versus 53% respectively. 5 organizations, 17%, indicated they did not serve any clients. The total breakdown is displayed in figures 1 and 2.

Figure 1

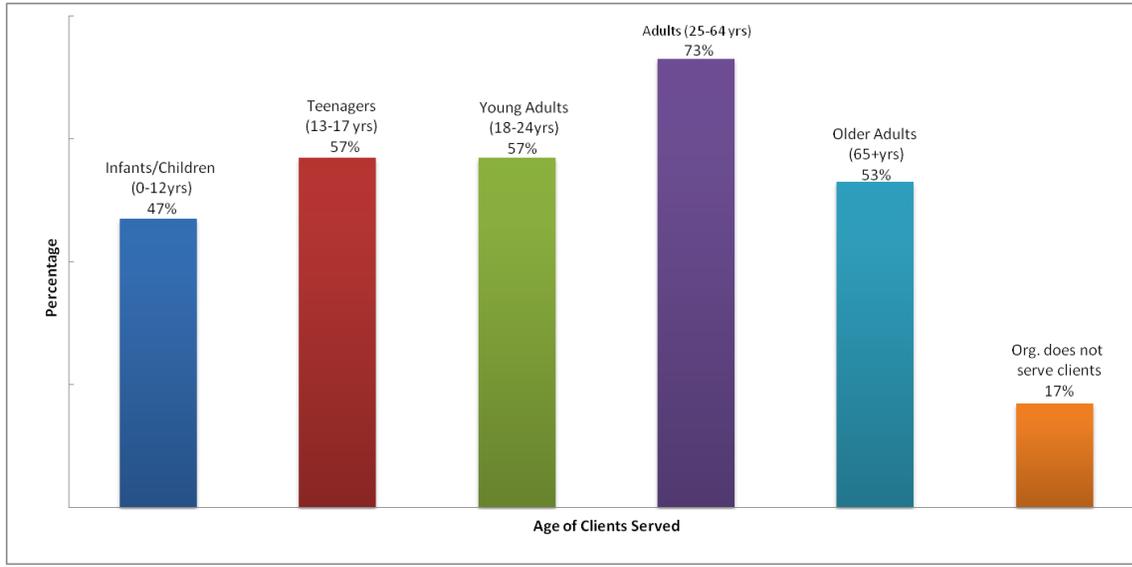
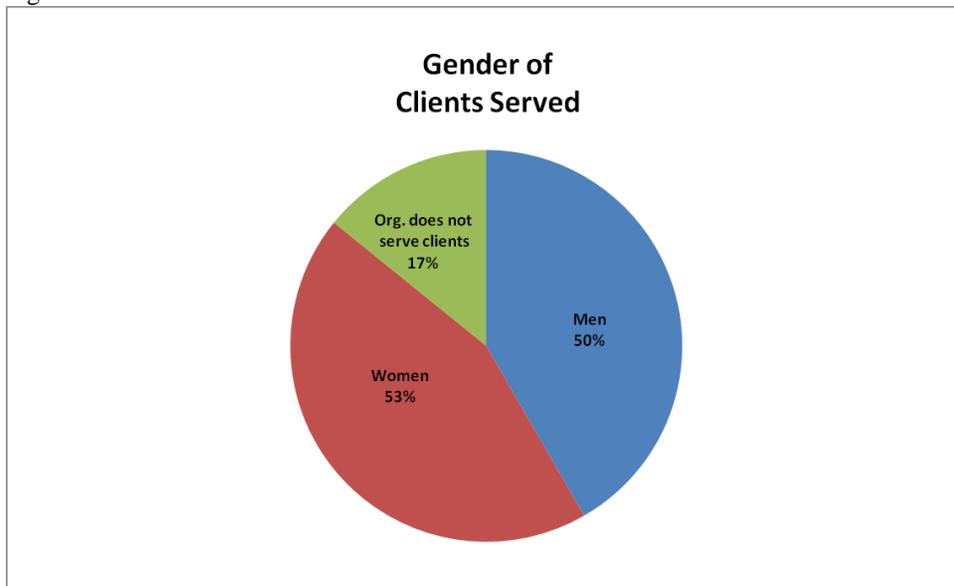


Figure 2

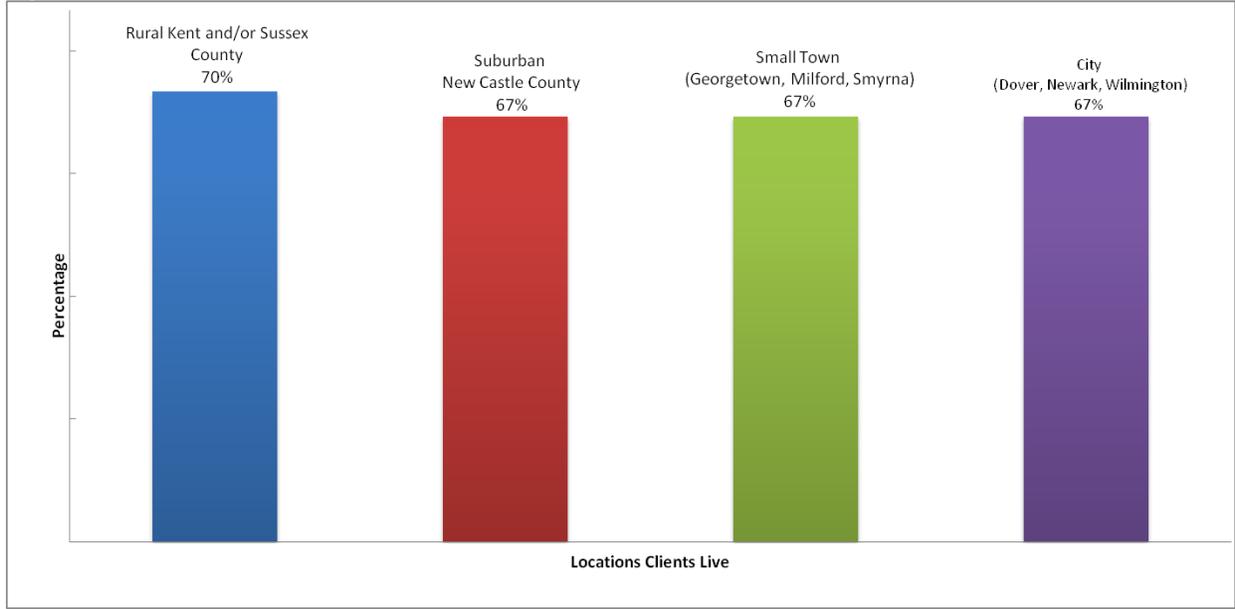


## Delaware Community Themes and Strengths Assessment

**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 3 displays the full breakdown.

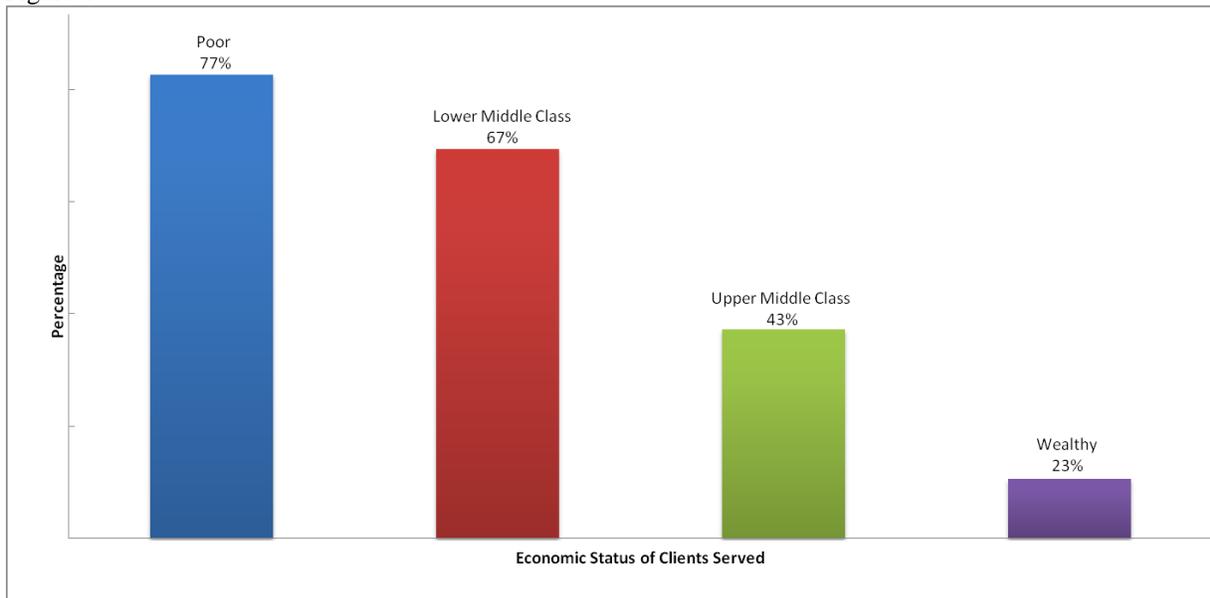
Figure 3



**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%, or lower middle class, 67%. Figure 4 below displays the full breakdown.

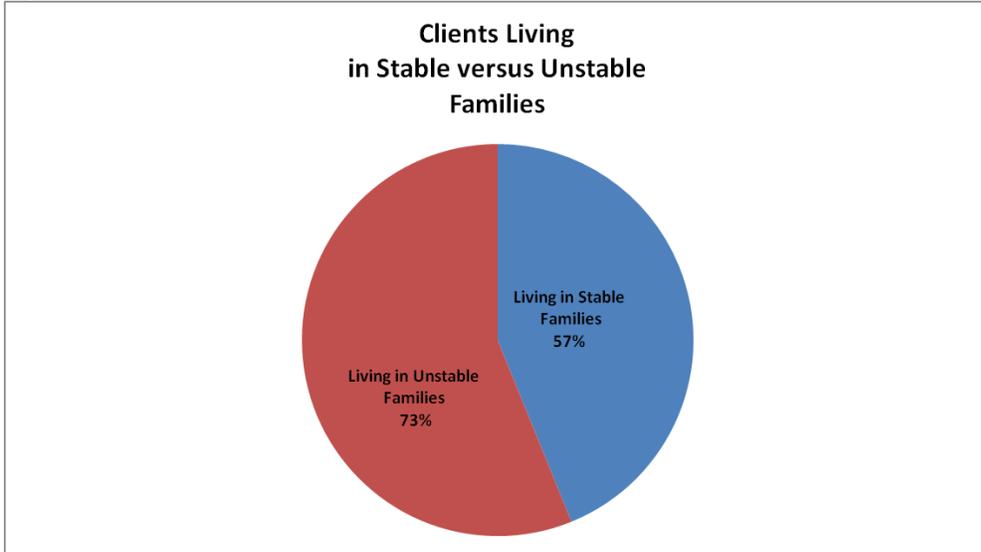
Figure 4



## Delaware Community Themes and Strengths Assessment

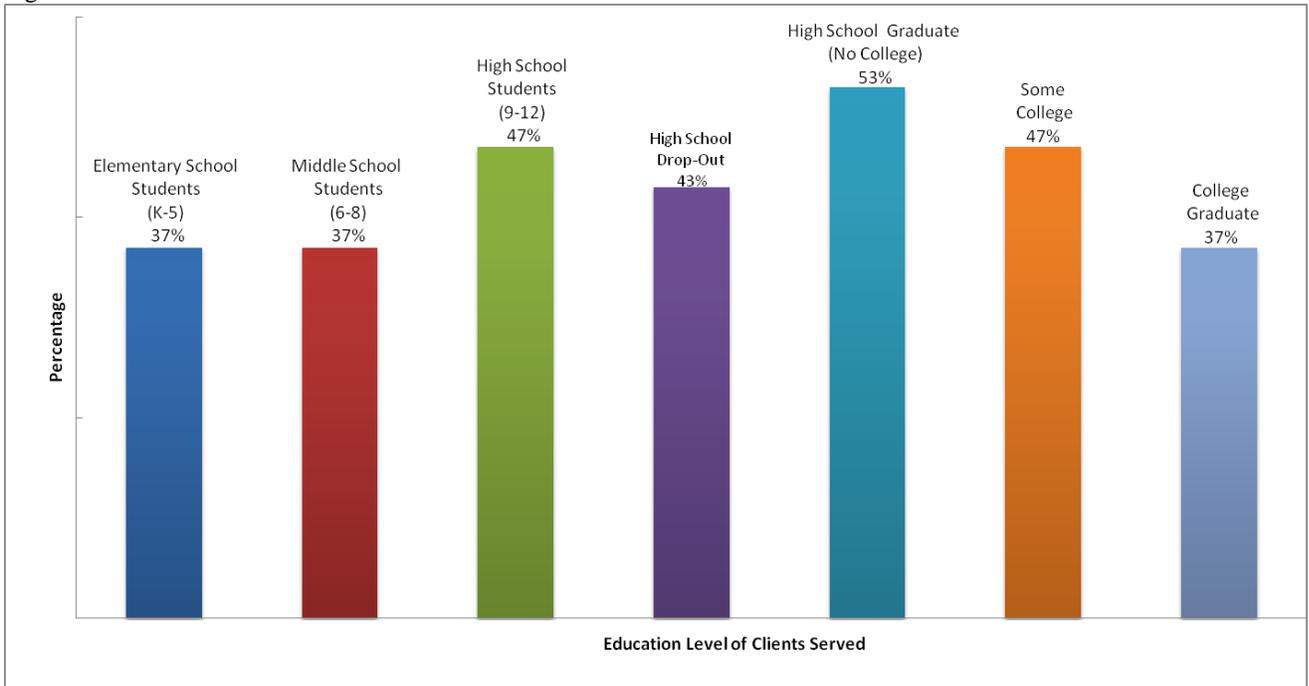
73% of clients are living in unstable families versus; 53% of clients living in stable families. Figure 5 below displays the full breakdown.

Figure 5



The education level of the clients varied but the highest percentage, 53%, replied High School Graduate but No College. Figure 6 below displays the full breakdown.

Figure 6

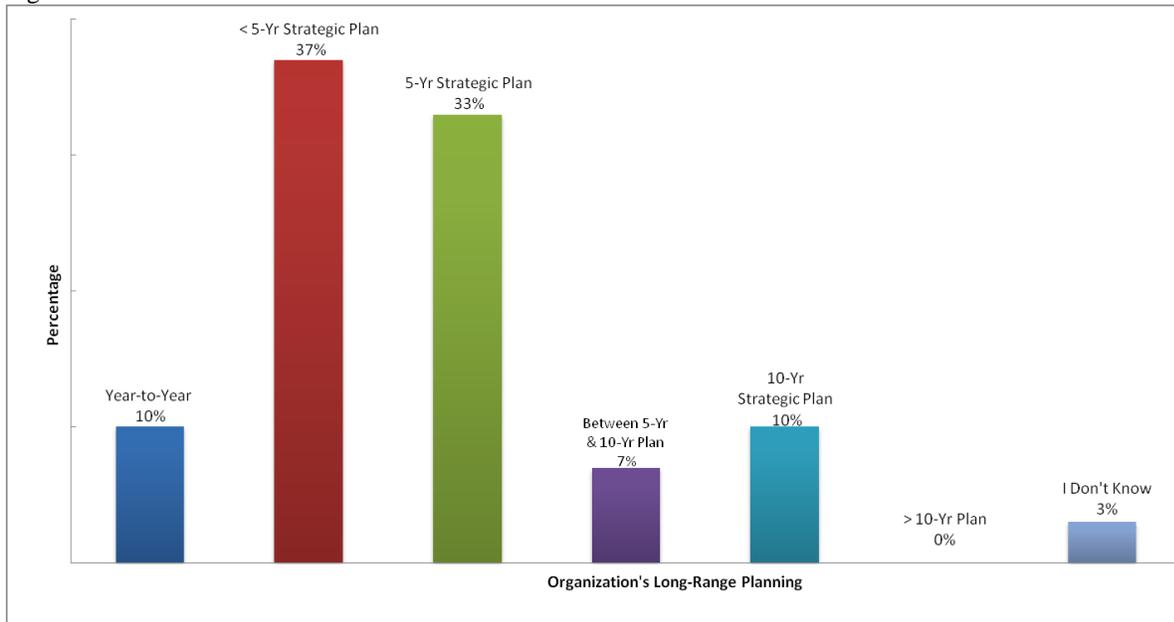


## Delaware Community Themes and Strengths Assessment

**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%, responded Less than a 5-Year Strategic Plan while 33% responded 5-Year Strategic Plan, and 10% responded year to year and 10% responded 10 year strategic plan. Figure 7 below displays the full breakdown.

Figure 7



Delaware Community Themes and Strengths Assessment

**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.**

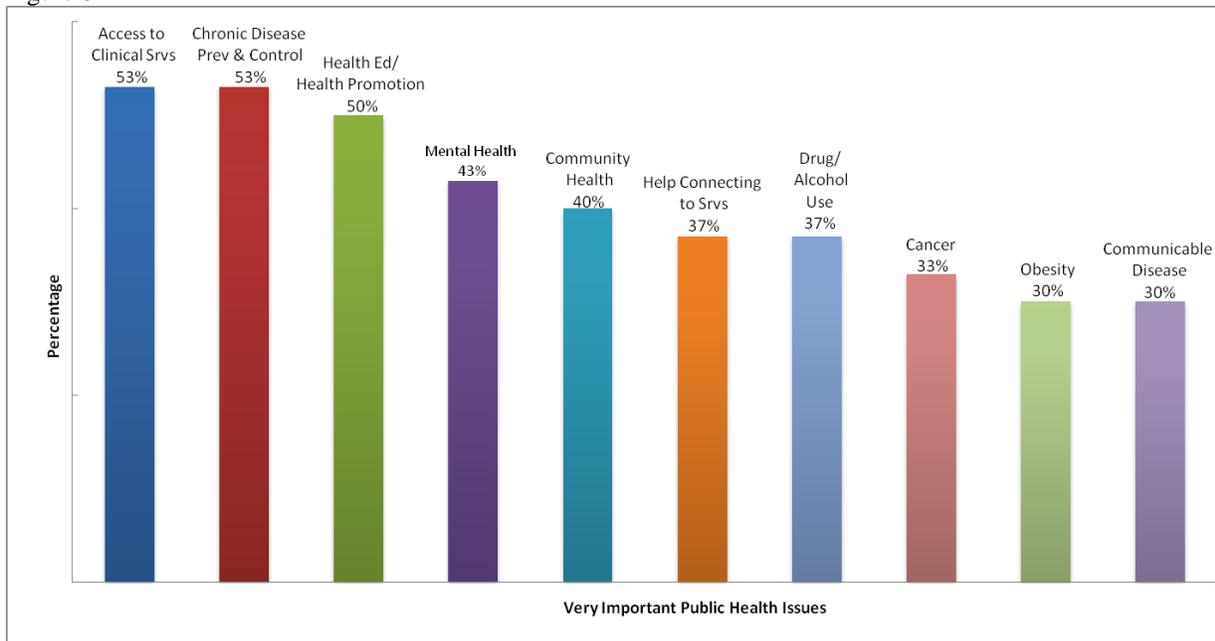
NOTE: THE RANK IN EACH BOX DOES NOT MATTER (e.g., it does not matter if Cancer is ranked "1" and "Hunger" is ranked "2" in the "Very Important Public Health Issue for My Organization's Clients" box).

- 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 5 most important public health issues identified were Access to Clinical Services, 53%, Chronic Disease Prevention and Control, 53%, Health Education/Health Promotion, 50%, Mental Health, 43%, and Community Health, 40%.

Figure 8 below displays the full breakdown.

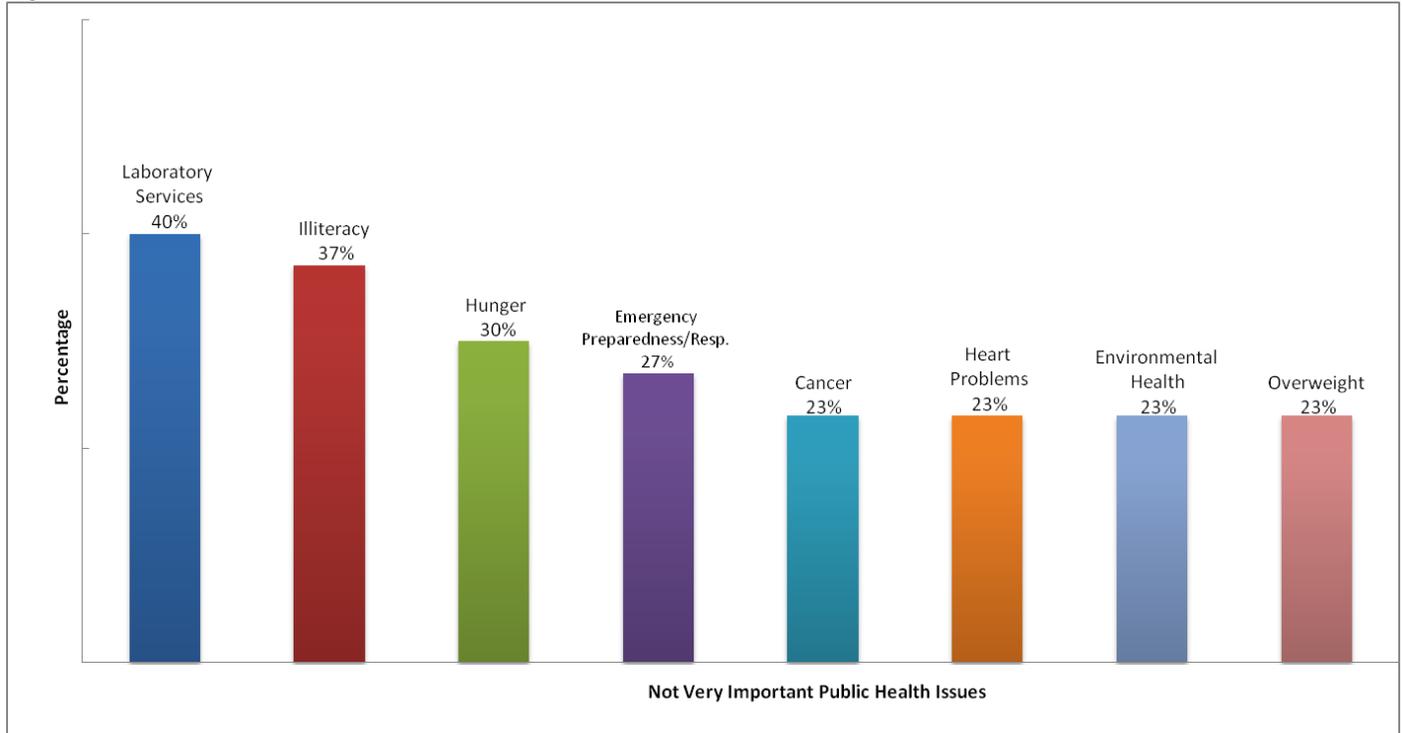
Figure 8



**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%, Illiteracy, 37%, Hunger, 30% and Emergency Preparedness/Response, 27%. Figure 9 below displays the full breakdown.

Figure 9



**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, stakeholder only had 6 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 the 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-Kickoff Meeting Survey and the visioning and breakout sessions that occurred in the kickoff 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 electronic link to the survey is below:

[https://qtrial.qualtrics.com/SE/?SID=SV\\_3DD7BFhzY7SAHuA](https://qtrial.qualtrics.com/SE/?SID=SV_3DD7BFhzY7SAHuA)

The stakeholders were given 8 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<sup>th</sup>, 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-Kickoff Meeting sample. The sample representatives represent various sectors of Delaware including: health care, education, business, government, social service agencies, and environmental agencies, not for profit organization. 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 organization 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 09, 2012. A total of 37 responses were compiled and analyzed. A survey response rate of 35%. Data analysis occurred from July 10 until July 16, 2012.

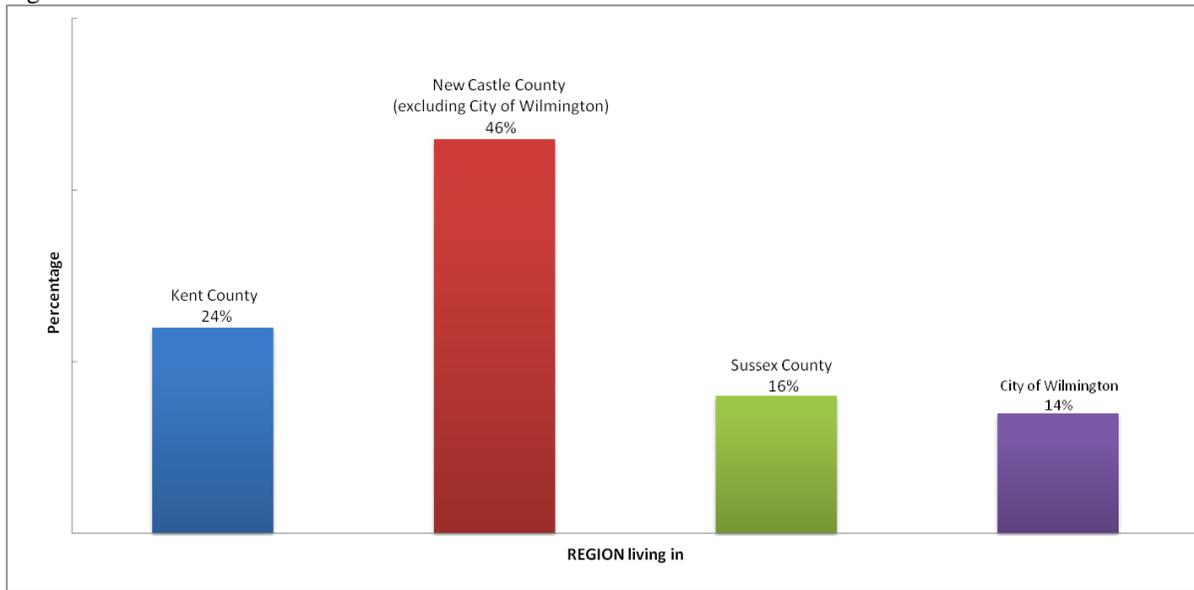
## Delaware Community Themes and Strengths Assessment

### **Results**

Below are the results of the 22-question survey. A pattern was clearly identified that respondents rated Delaware overall as better place to live and had 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.

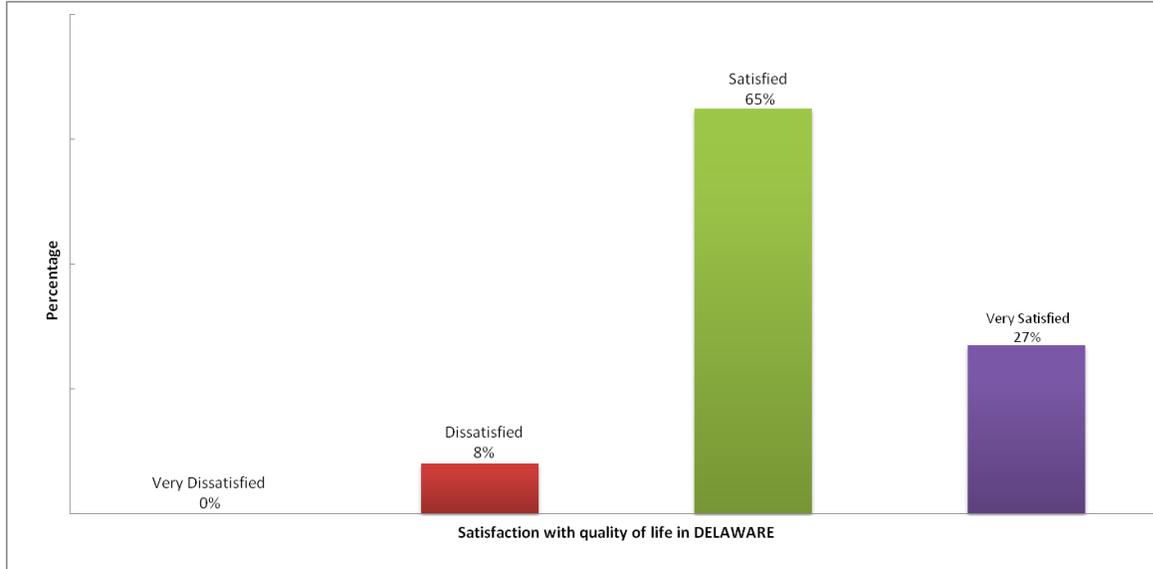
Figure 10



## Delaware Community Themes and Strengths Assessment

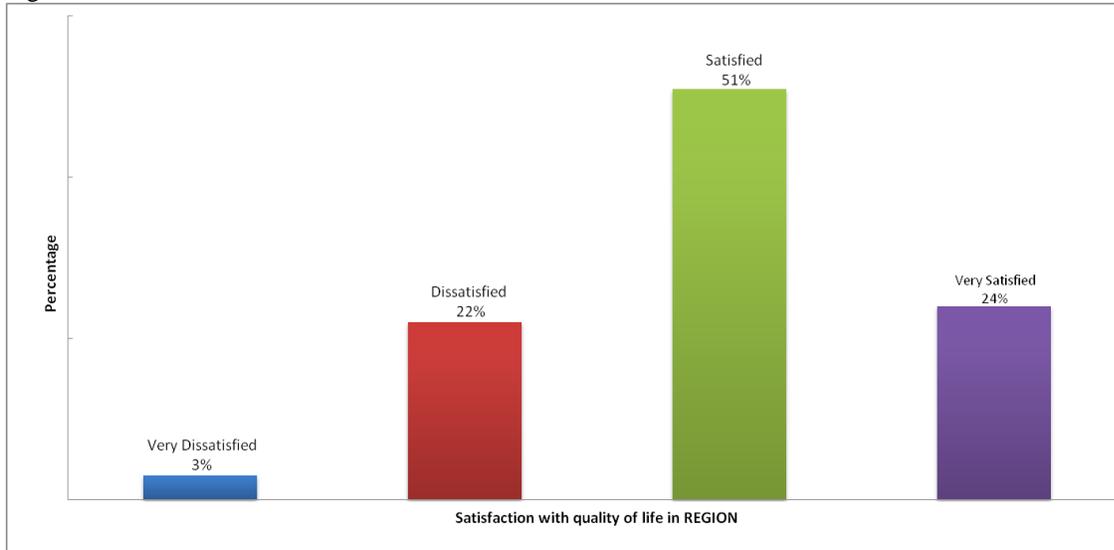
### Question 2: How satisfied are you with the quality of life in Delaware?

Figure 11



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

Figure 12

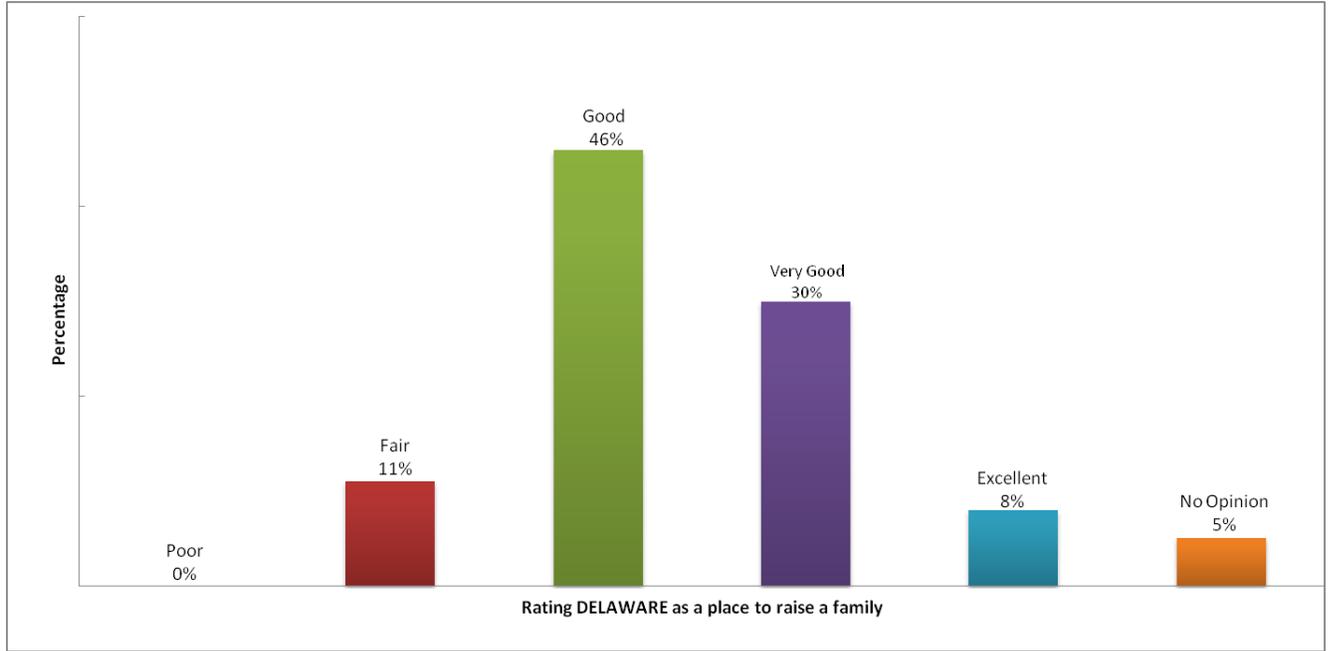


92% of respondents were satisfied or very satisfied with the quality of life in Delaware while only 75% of respondents were satisfied or very satisfied with the quality of life in their region. Only 8% of respondents were dissatisfied with the quality of life in Delaware while 22% were dissatisfied in their region.

Delaware Community Themes and Strengths Assessment

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

Figure 13



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

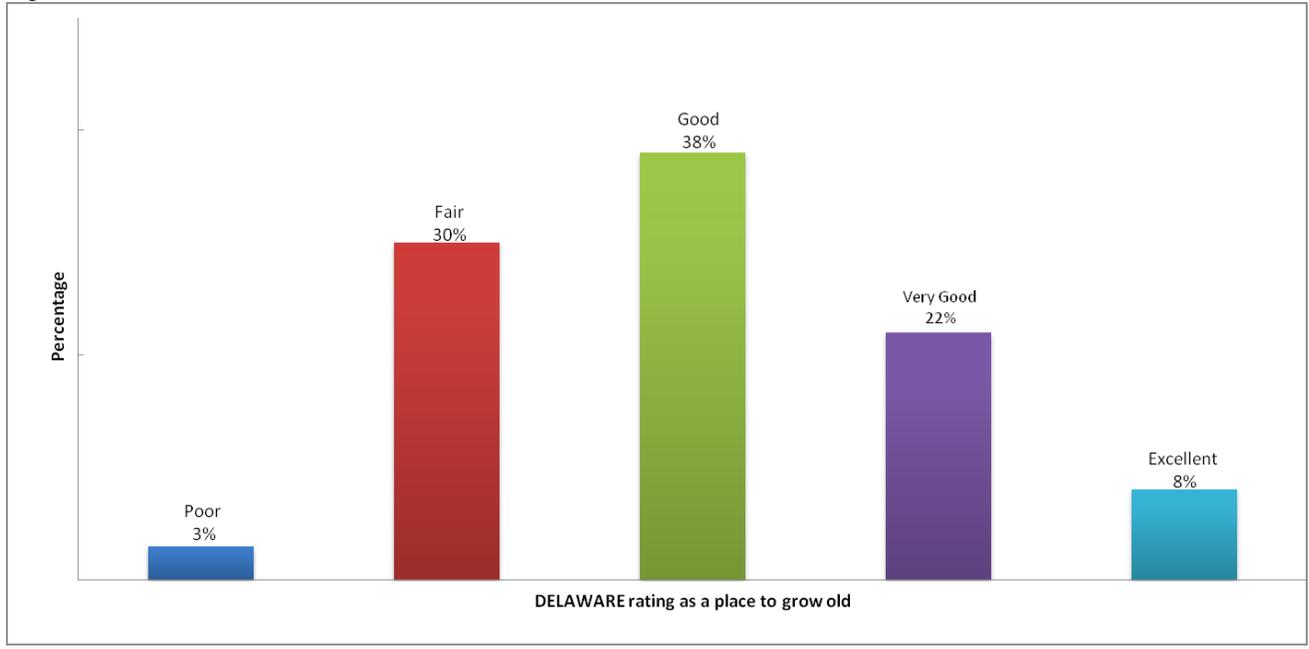
Figure 14



84% of respondents rated Delaware as a good or very good, or excellent place to raise a family while 79% rated their region as good or very good place, or excellent place to raise a family.

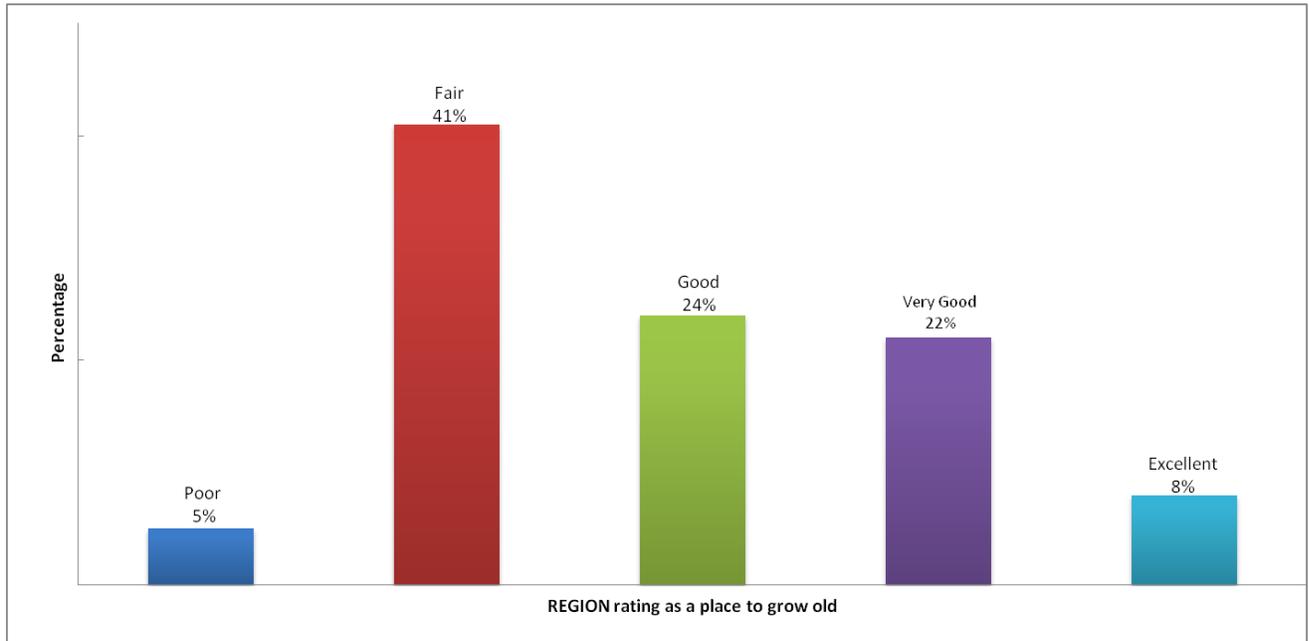
**Question 6: How would you rate Delaware as a place to grow old?**

Figure 15



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

Figure 16

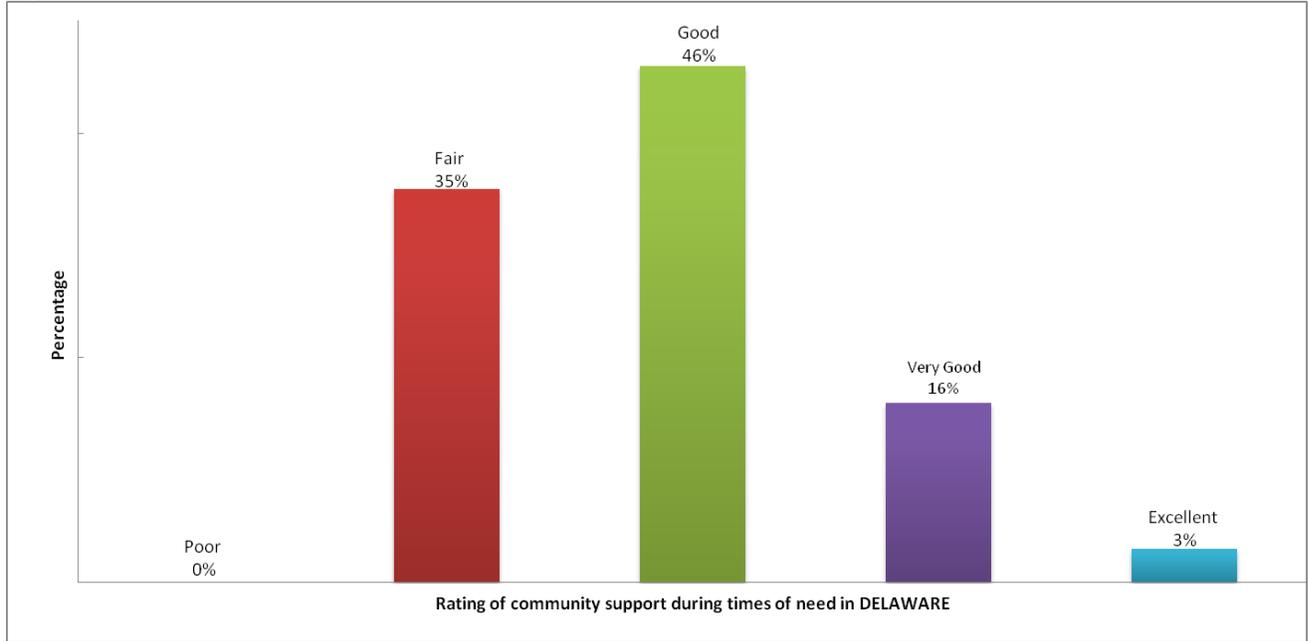


33% of respondents rated Delaware as a poor or fair place to grow old while 46% of respondents rated their region as a poor or fair place to grow old.

Delaware Community Themes and Strengths Assessment

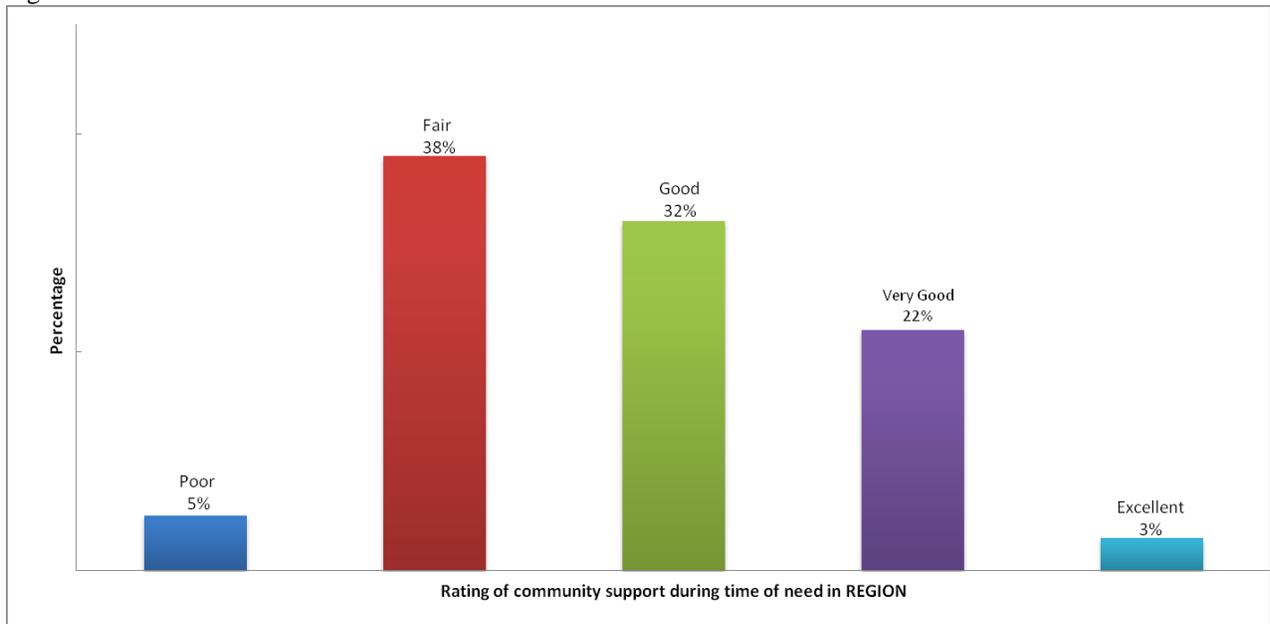
**Question 8: How would you rate community support for individuals and families during times of stress and need in Delaware?**

Figure 17



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

Figure 18

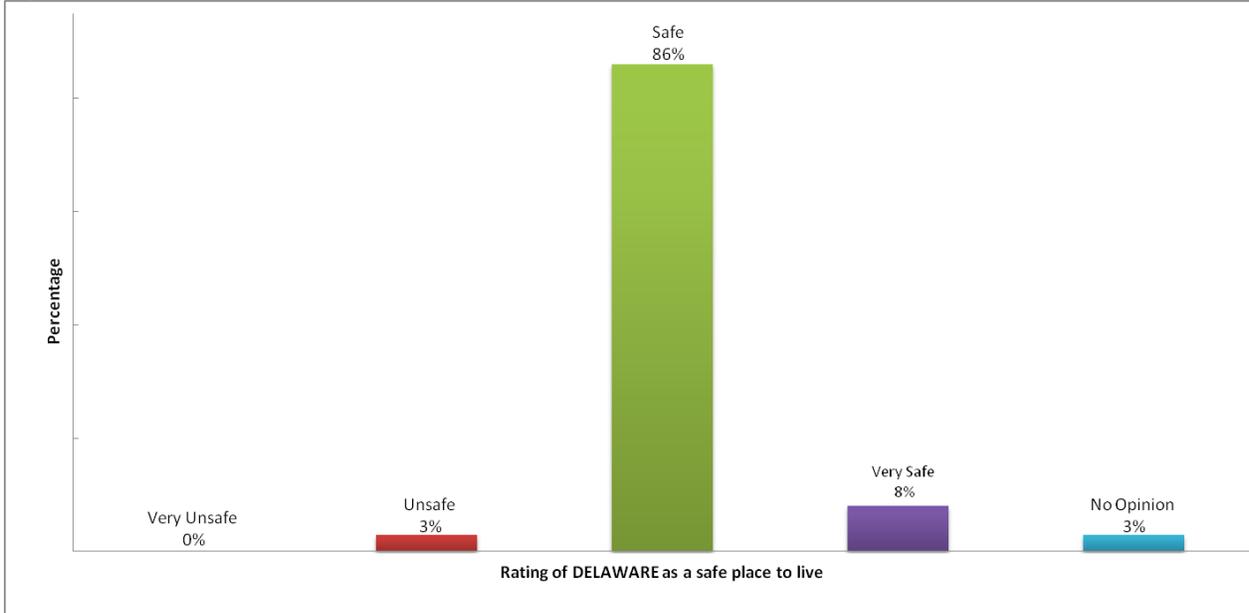


## **Delaware Community Themes and Strengths Assessment**

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, during the stakeholders 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.

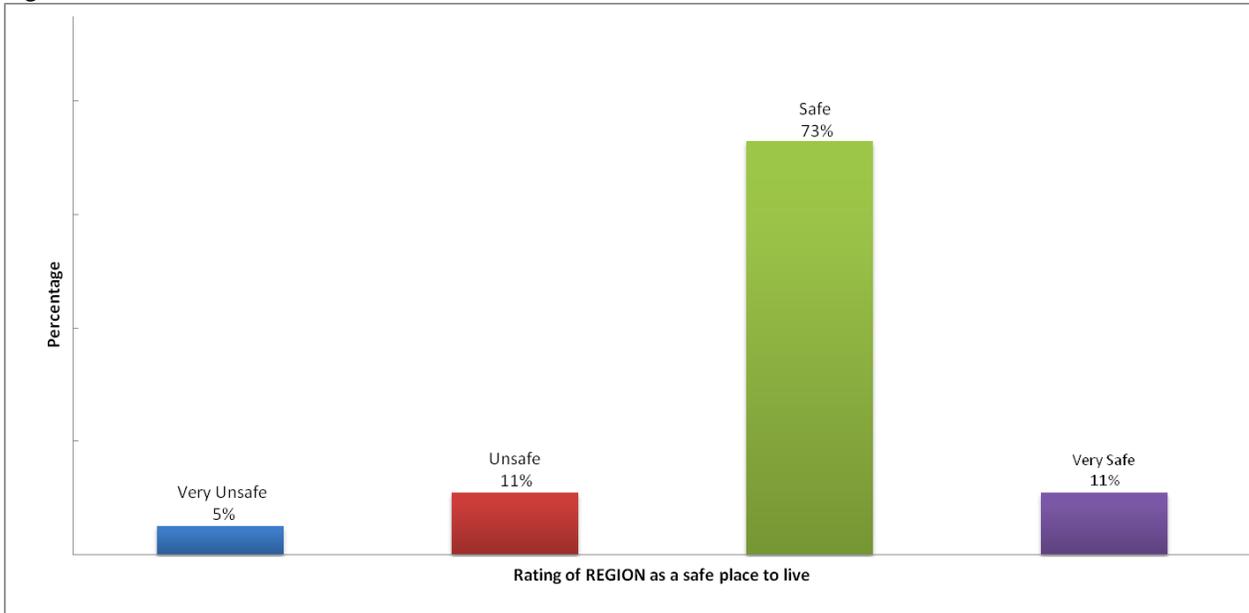
**Question 10: How would you rate Delaware as a safe place to live?**

Figure 19



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

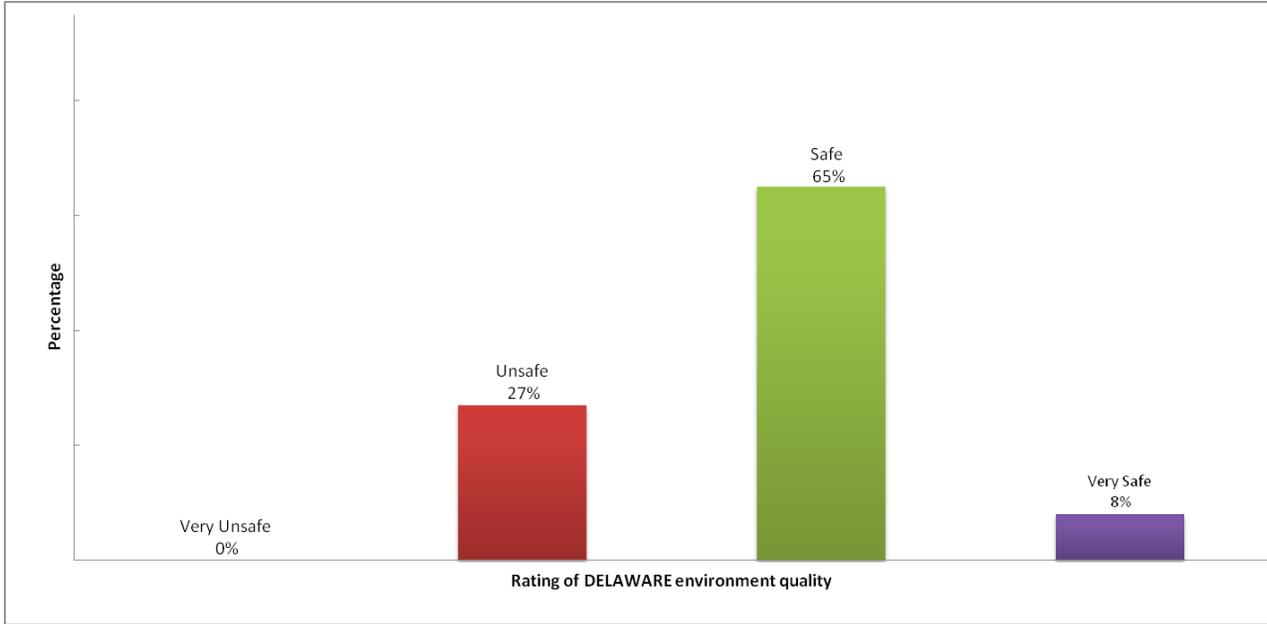
Figure 20



The results clearly show respondents feel Delaware and their specific regions are a safe and very safe place to live with 94% and 84% of respondents rated Delaware and their specific region as safe or very safe.

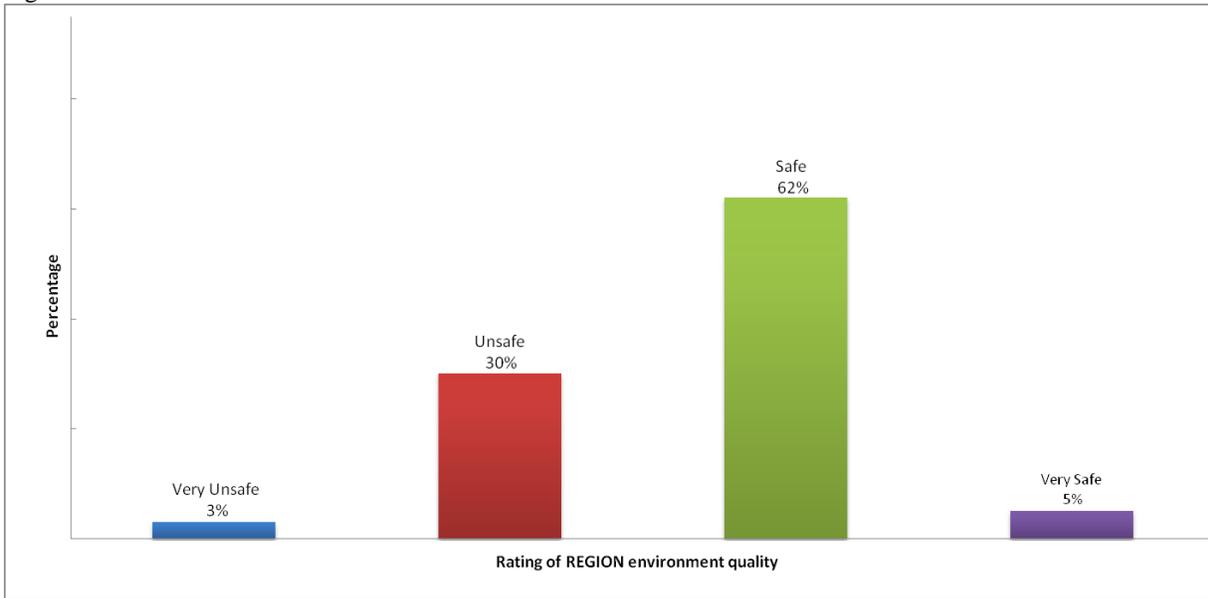
**Question 12: How would you rate the quality of environment in Delaware?**

Figure 21



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

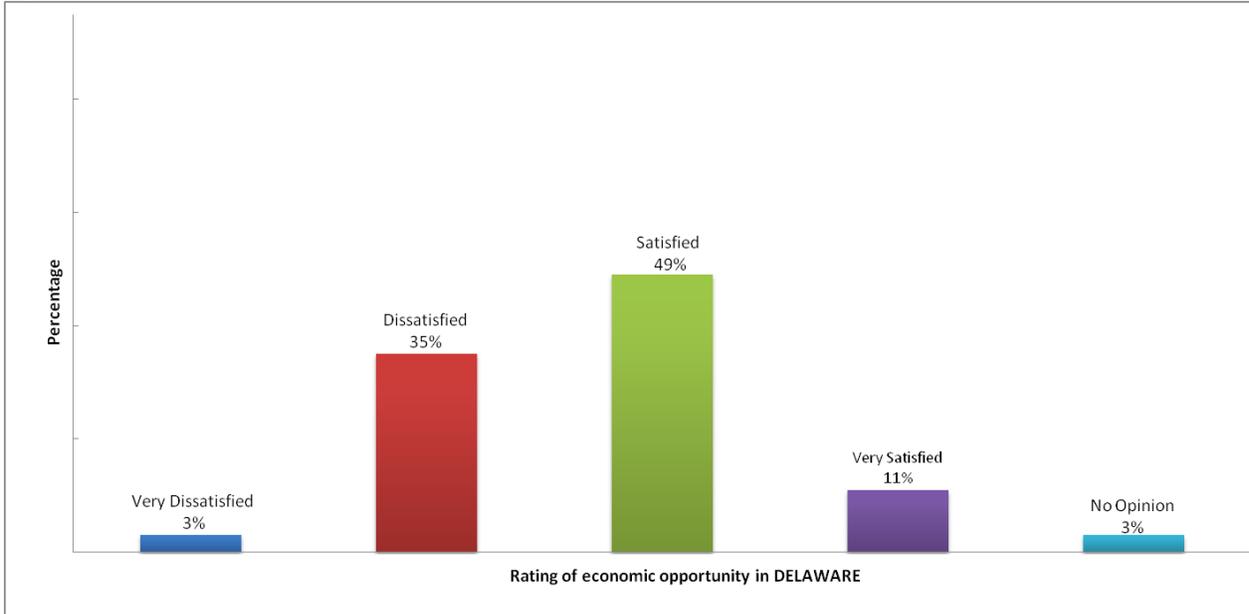
Figure 22



22% of respondents rated Delaware’s quality of environment as unsafe compared to 30% for their specific region. 65% of respondents rated Delaware’s quality of environment as safe compared to 62% for their specific region.

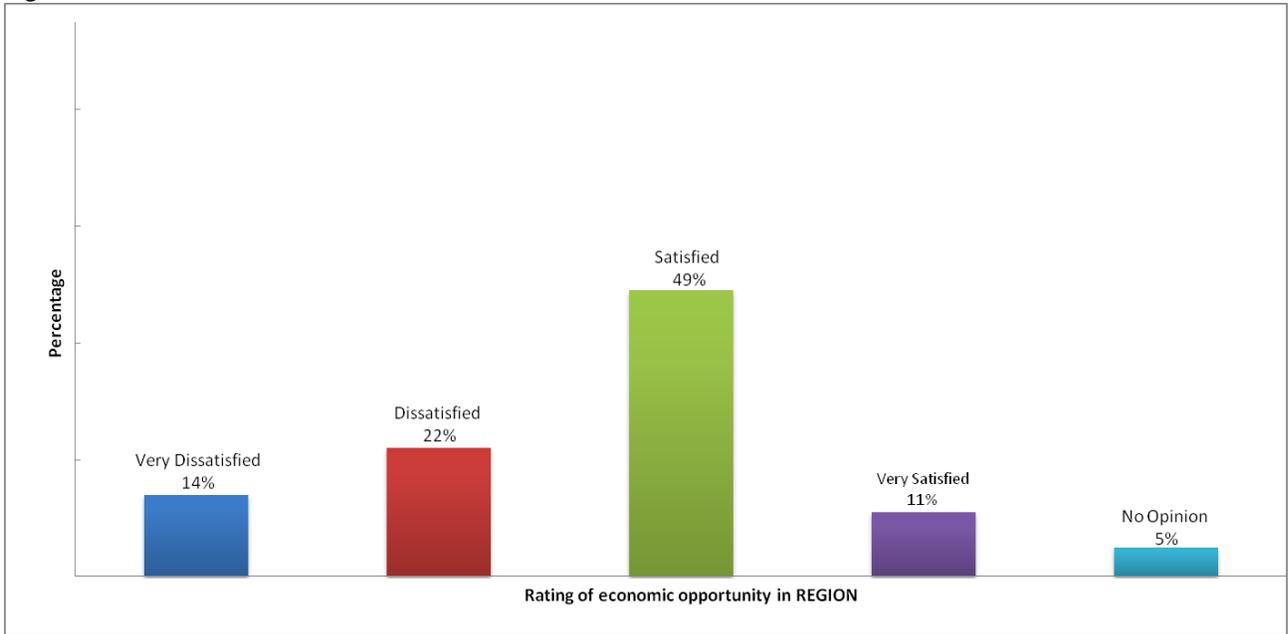
**Question 14: How would you rate the economic opportunity in Delaware?**

Figure 23



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

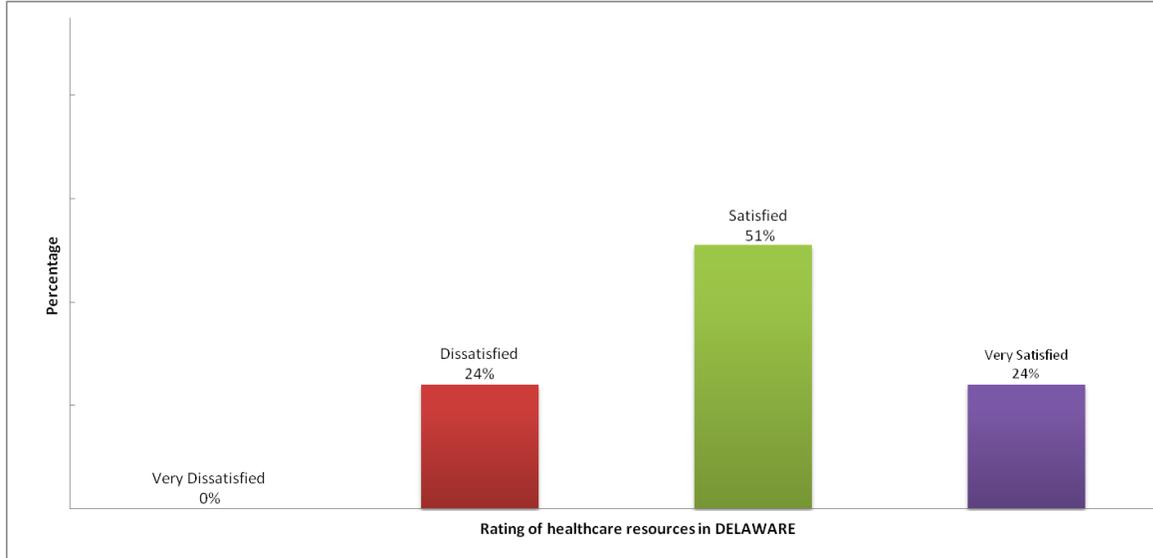
Figure 24



Interestingly, 49% of respondents were satisfied with the economic opportunity in Delaware and their specific region. 35% of respondents were dissatisfied with the economic opportunity in Delaware while 22% 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.

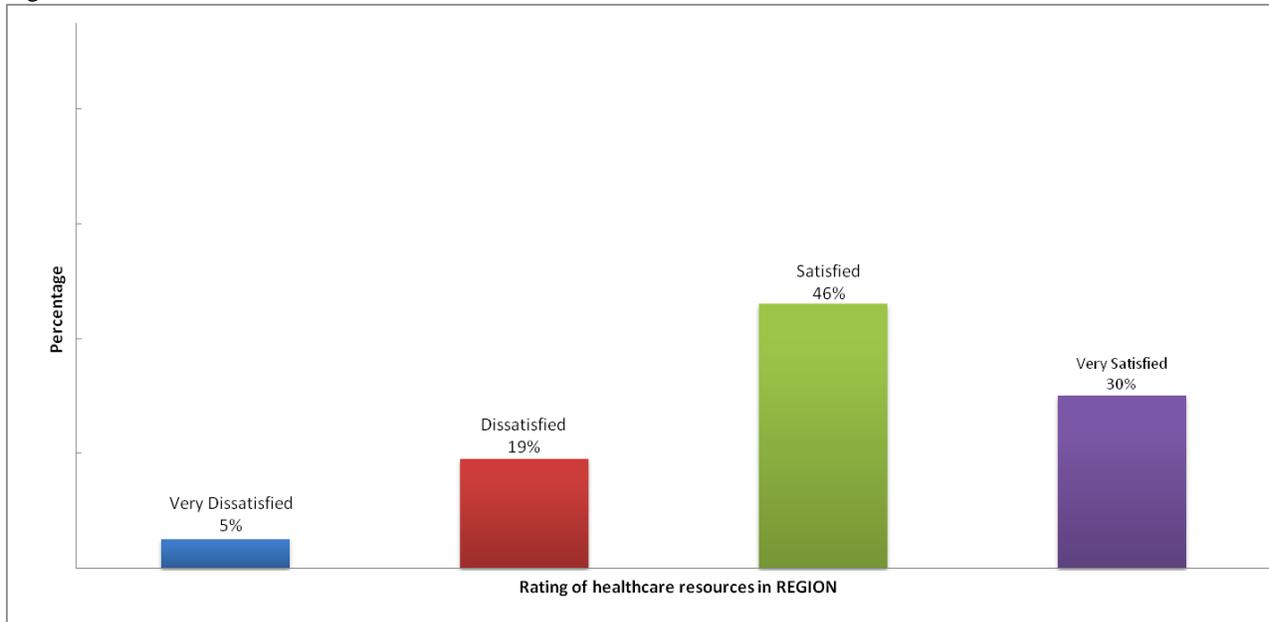
**Question 16: How would you rate the healthcare resources in Delaware?**

Figure 25



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

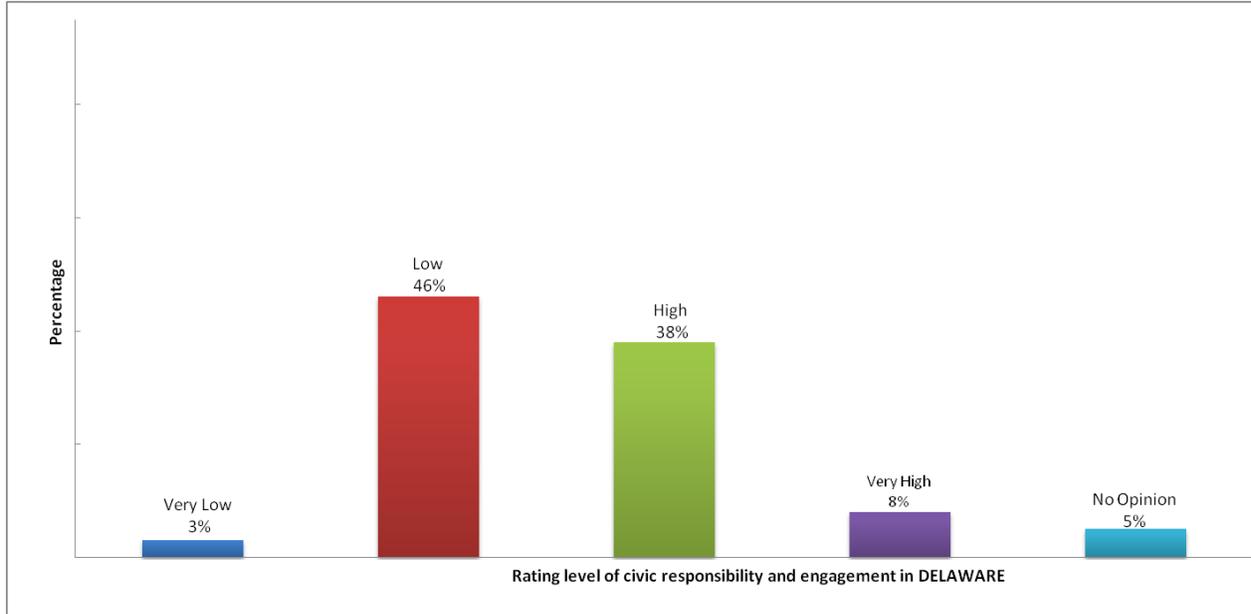
Figure 26



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 stakeholders 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.

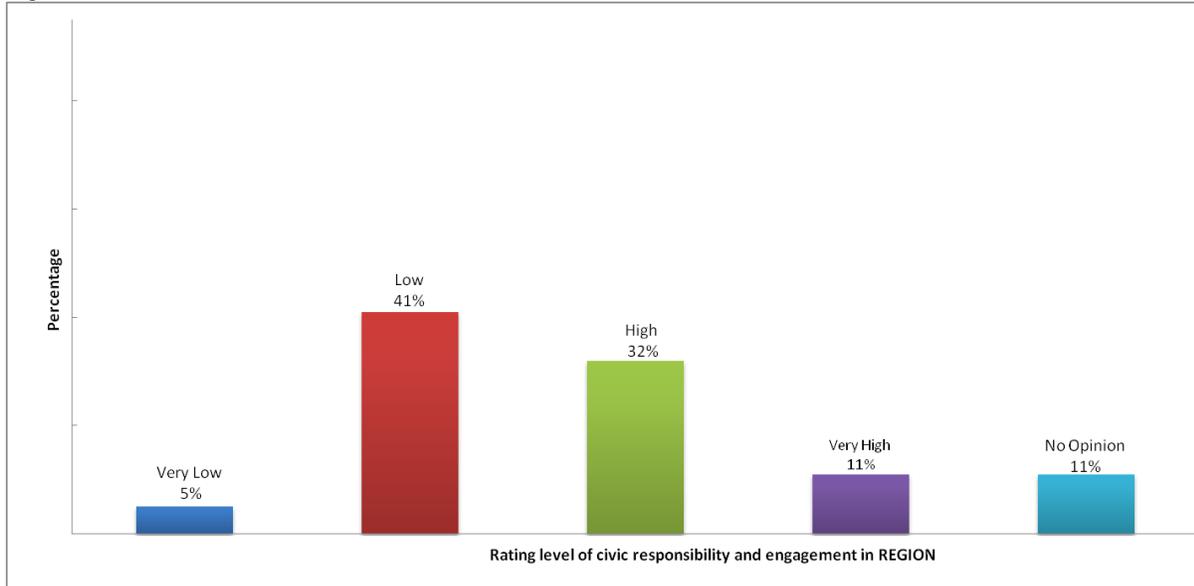
**Question 18: How would you rate the level of civic responsibility and engagement in Delaware?**

Figure 27



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

Figure 28

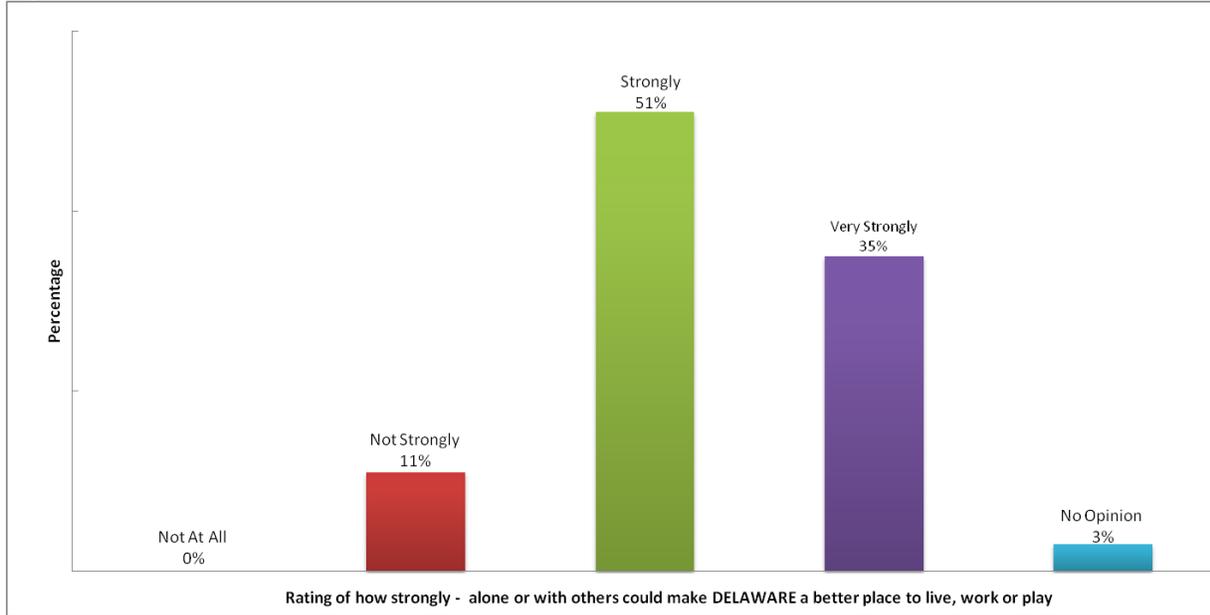


46% of respondents rated the level of civic responsibility and engagement to be low in Delaware while 41% rated the level of civic responsibility and engagement to be low in their region.

Delaware Community Themes and Strengths Assessment

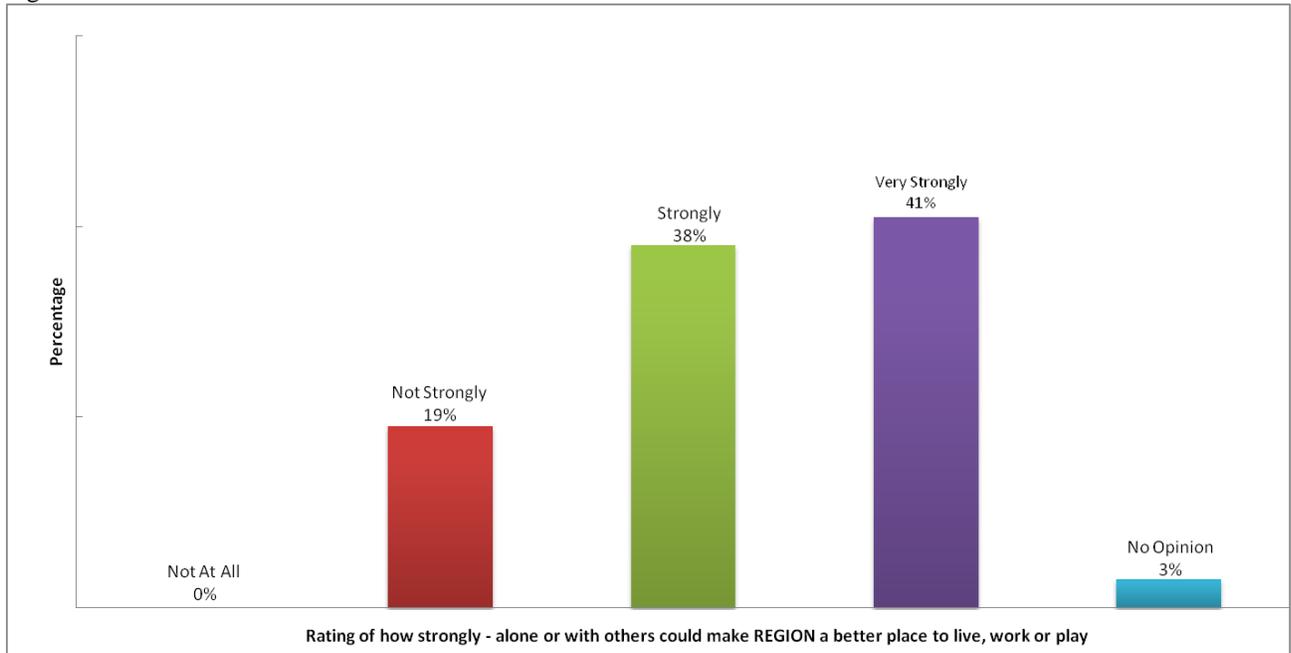
**Question 20: How strongly do you feel that you alone or with others could make Delaware a better place to live, work or play?**

Figure 29



**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?**

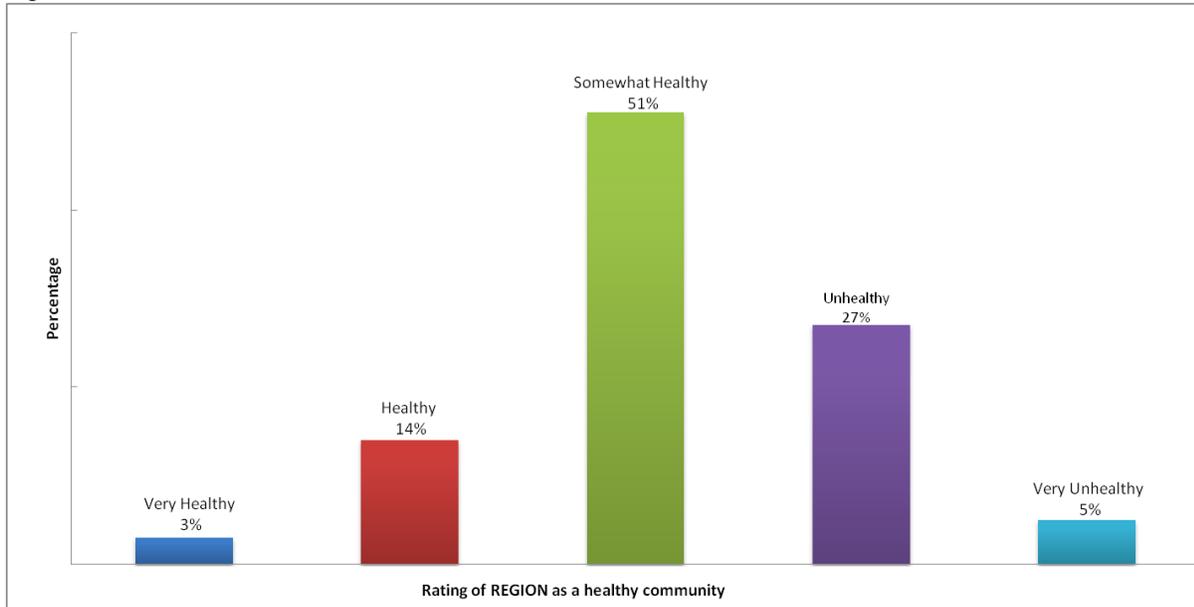
Figure 30



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 31



Only 17% of respondents rated their region as a healthy or a very healthy community. The majority of respondents rated their region as a somewhat healthy or unhealthy or very 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, stakeholder only had 8 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 the 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 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 face.

#### **April 4, 2012 Meeting**

A State Health Assessment (SHA) kickoff meeting occurred on April 4<sup>th</sup>, 2012 from 9 am to 4 pm. 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 Department in 5 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 note cards to be collected and hand recorded all questions and comments. The information will assist in the development of the state strategic plan.

#### **SHA Kickoff Meeting Results**

Stakeholders were given note cards and asked to write down what they thought were characteristics of a Healthy Delaware and what the State Public Health System should look like in next 5 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.”

**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 behaviors are dramatically changed.”
- “Increased access to healthy and affordable food choices.”
- “Convenient access to recreational services to stay active in all 3 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 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.”

## Delaware Community Themes and Strengths Assessment

### **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 determinants 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.”

## Delaware Community Themes and Strengths Assessment

### **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 4 subcommittees.

- **Healthy Lifestyle Promotion**
- **Community Health Promotion**
- **Clinical Services/ Health Care Providers**
- **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 for Healthy Lifestyle Promotion**

**Purpose:** To help facilitate infrastructure improvement and environmental change in support of 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.

### **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.

### **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.

### **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.

## Delaware Community Themes and Strengths Assessment

### 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.  
(For strategy: 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<sup>th</sup>, 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 18th, 2012 Meeting**

A State Health Assessment (SHA) follow up meeting occurred on July 18th, 2012 from 9 am to 12 pm. 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 indentified through the survey and to provide input on the assets of Delaware. The meeting also served as a forum to discuss what the stakeholder 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 in Delaware on note cards to be collected and hand recorded all questions and comments. Also, the stakeholders were divided into four teams to discuss strategies to improve the quality of life in Delaware which they wrote down on note cards 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 section 3 and section 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 4 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. Engaging individuals to foster within themselves a sense of community amongst individuals, families, non profits, small business, 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) options counseling to include other areas of assistance-helpline, technical assistance, modern technology, possible fraud, payment of bills, taxes. Educate on what aging services are available. Educate new seniors to 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 4 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 (U of Delaware, Kent County, Sussex County) to attract activities that will bring dollars to the local economy-such as soccer, 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 4 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 2 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. 86% 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 nonexistent.

## Delaware Community Themes and Strengths Assessment

**Delaware Community Themes and Strengths Assessment**

**Table 1. Results of Asset Mapping**

<b>Type of Asset</b>			
<b>Physical</b>	<b>Strong, Well Developed Assets</b>	<b>Underdeveloped Assets</b>	<b>Non-Existent Assets</b>
	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	
<b>Community Resources</b>	<b>Strong, Well Developed Assets</b>	<b>Underdeveloped Assets</b>	<b>Non-Existent Assets</b>
	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		

**Delaware Community Themes and Strengths Assessment**

<b>Institutions/ Businesses</b>	<b>Strong, Well Developed Assets</b>	<b>Underdeveloped Assets</b>	<b>Non-Existent Assets</b>
	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. biotechs	Civic Engagement by Corporations
	Johnson Controls	State is Largest Employer which is a Drain of State Resources.	
<b>People</b>	<b>Strong, Well Developed Assets</b>	<b>Underdeveloped Assets</b>	<b>Non-Existent Assets</b>
	United Way	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		
	Vice President Joe Biden		
	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 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
- 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
- Chronic Disease Promotion and Prevention

Furthermore, the CTSA identified over 95% of stakeholder's are in agreement on what are the top 3 risky behaviors in Delaware and the strong need to focus on these behaviors.

- Being Overweight
- Lack of Exercise
- Poor Eating Habits

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

## Delaware Community Themes and Strengths Assessment

The major themes identified in the CTSA assisted in the development of a list of strategic issues to focus on for the action plan. The list of strategic issues can be found in Appendix 9. The list was sent to all stakeholders via 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 3 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 stakeholder's 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 ALL Delawareans.

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

**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**

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Wendy Alleyne, Sr. Provider Advocate United Healthcare  
Mary Anderson,  
Elaine Archangelo, DHSS, Div of Social Services  
Amelia Auner, VP of Planned Parenthood  
Janice Barlow, Dir, KIDS Count in DE/Ctr for Community Research & Service  
Renee Bearman, Ex Dir Beautiful Gate Outreach Ctr  
Kristin Bennett, DHSS  
Steven Blessing, DPH  
Jamee Boone, Assoc Director United Way  
Jane Bowen, Children & Families First  
Bill Bower, DE Cancer Consortium  
Fred Breukelman, Dir Of Health Education/DPH  
Deborah Brown, Pres & Chief Ex Officer American Lung Assoc of the Mid-Atlantic  
Paul Calistro, Westend Neighborhood House  
Carleton Carey, Sr., City of Dover  
Marianne Carter, Dir DE Ctr for Health Promotion  
Aleks Casper, March of Dimes  
Judy Chaconas, Department of Public Health  
Jeanne Chiquoine, DE Gov Relations Dir  
Kevin Churchwell, AI DuPont  
Lorren Clark, United Healthcare  
Hazel Cole, Parent Info Ctr  
B.J. DeCoursey, UofD/IPA Planner  
Noel Duckwork, Dir of Training & Prevention/DE Coalition Against Domestic Violence  
Rick Duncan, DE Rural Water Assoc  
Susan Eggert, New Castle County's Dept of Community Service  
Frances Esposito, MD, DE Authority on Radiation Protection  
Alisa Fowler, Beebe Medical Ctr  
Jeffrey Fried, Beebe  
Jane Gallivan, DHSS, Div of Developmental Disabilities Services  
Peggy Geisler, Sussex County Health  
Tim Gibbs, Ex Dir DE Academy of Medicine  
Dr. Jerry Gillucci, Dir DE Psychiatric Ctr  
Michelle Givens, Beebe Medical Ctr-Needs Assessment  
Barbara Gladders, Health Statistics Ctr/DE Health Statistics Ctr/DPH  
Sara Grainger, Dir Community Planning & Policy Development  
Christopher Grundner, DE Assoc of Nonprofit Agencies  
Rev Robert Hall, Ex Dir DE Ecumenical Council on Children & Families  
Katie Hamilton, DE Academy of Pediatrics  
Sharon Harrington, Nanticoke Health Services  
Sandra Hassink, MD, DuPont Hospital/CHPDP  
Rich Heffron, DE Chamber of Commerce  
Dr. Judith Herrman, Assoc. Professor/School of Nursing/UD  
Julie Hester, St. Francis  
Nanci Hoffman, Planned Parenthood  
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Alisa Jones, DPH  
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Jonathan Kirch, Gov Relations Dir/American Heart Assoc  
Faith Kuehn, Plant Industries Admin/DE Dept of Agriculture  
Diane Laird, DEDO  
Robert Laskowski, Christiana Care  
Jan Lee, DHIN  
Carrie Leishman, Pres & CEO DE Restaurant Assoc  
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Lolita Lopez, Westside  
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Community Plan of DE  
Steve Martin, U of D/CDAS

## Delaware Community Themes and Strengths Assessment

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Denese Welch, Section Chief Bureau of Health  
Statistics/DPH  
Betsy Wheeler, Diabetes Coalition  
Amy Whiffen, Go Forward Consultants  
Megan Williams, Beebe Medical Ctr  
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Linda Wolfe, Dept of Ed  
Jennifer Wooleyhand, Community Relations  
Officer, DPH  
Kimberly Swanson, Consultant, APS Healthcare  
Vik Vishnubhakta, Consultant, 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.**

- 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
- Mental Health
- Obesity
- Overweight
- Poor Nutrition
- Sexually Transmitted Diseases/Infections (STD/STI)
- Social Determinants of Health

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

Mary Anderson  
Jane Bowen, Children & Families First  
Fred Breukelman, Dir Of Health Education/DPH  
Jeanne Chiquoine, DE Gov Relations Dir  
B.J. DeCoursey, UofD/IPA Planner  
Noel Duckwork, Dir of Training & Prevention/DE Coalition Against Domestic Violence  
Susan Eggert, New Castle County's Dept of Community Service  
Dr. Jerry Gillucci, Dir DE Psychiatric Ctr  
Barbara Gladders, Health Statistics Ctr/DE Health Statistics Ctr/DPH  
Sara Grainger, Dir Community Planning & Policy Development  
Sharon Harrington, Nanticoke Health Services  
Dr. Judith Herrman, Assoc. Professor/School of Nursing/UD  
Peter Houle , Ex Dir DE HIV Consortium  
Jonathan Kirch, Gov Relations Dir/American Heart Assoc  
Faith Kuehn, Plant Industries Admin/DE Dept of Agriculture  
Jerry Llewellyn, PH Admin 1/DPH  
Karen McGloughlin, Social Services Administrator, DPH  
Mary Kate Mouser, Nemours  
Anita Muir, DPH  
Dan Murphy, United Way of DE  
Chris Oakes, ADRC Project Mgr/DE Div of Services for Aging & Adults w/Physical Disabilities  
Tina Robinson, Prevention Specialist/ContactLifeline, Inc.  
Kathleen Russell, DPH  
Kate Salvato, Dir of Education/Bayhealth Medical Ctr  
Marjorie Shannon, State Epidemiologist DPH  
Donna Sharp, DPH  
Kimberly Smalls, DE Physicians Care  
Eileen Sparling, Project Coor/Healthy Delawareans w/Disabilities/UD  
John VanGorp, Bayhealth Medical Ctr  
Megan Williams, Beebe Medical Ctr  
Deborah Wilson, Pres. & CEO 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

## Delaware Community Themes and Strengths Assessment

- 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, VP of Planned Parenthood  
Kristin Bennett, DHSS  
Jane Bowen, Children & Families First  
Fred Breukelman, Dir Of Health Education/DPH  
B.J. DeCoursey, UofD/IPA Planner  
Noel Duckwork, Dir of Training & Prevention/DE Coalition Against Domestic Violence  
Michelle Givens, Beebe Medical Ctr-Needs Assessment  
Sara Grainger, Dir Community Planning & Policy Development  
Rev Robert Hall, Ex Dir DE Ecumenical Council on Children & Families  
Rich Heffron, DE Chamber of Commerce  
Peter Houle, Ex Dir DE HIV Consortium  
Jan Lee, DHIN  
Kim Marsh, Advocate United Healthcare Community Plan of DE  
Cort Massey, DPH  
Karen McGloughlin, Social Services Administrator, DPH  
Dan Murphy, United Way of DE  
Chris Oakes, ADRC Project Mgr/DE Div of Services for Aging & Adults w/Physical Disabilities  
Judy Pappenhagen, Christiana Health Care Systems  
Anne Pedrick, Ex Dir Child Death, Near Death & Stillbirth Commission  
Tina Robinson, Prevention Specialist/ContactLifeline, Inc.  
Kate Salvato, Dir of Education/Bayhealth Medical Ctr  
Lisa Schieffert, DE Physicians Care  
Donna Sharp, DPH  
Paul Silverman, Associate Deputy Director, DPH  
Kimberly Smalls, DE Physicians Care  
Eileen Sparling, Project Coor/Healthy Delawareans w/Disabilities/UD  
Kimberly Swanson, APS Healthcare  
Vikrum Vishnubhakta, Forward Consultants on behalf of APS Healthcare  
Richard Wadman, Senior Program Mgr DE Health Info Network  
Amy Whiffen, Forward Consultants on behalf of APS Healthcare  
Megan Williams, Beebe Medical Ctr  
Deborah Wilson, Pres. & CEO Metropolitan Wilmington Urban League  
Linda Wolfe, Dept of Ed

**Appendix 6: Subcommittee Members**

**Public Policy Subcommittee Members**

Noel Duckwork, Dir of Training & Prevention/DE Coalition Against Domestic Violence  
Eileen Sparling, Project Coor/Healthy Delawareans w/Disabilities/UD  
B.J. DeCoursey, UofD/IPA Planner  
Faith Kuehn, Plant Industries Admin/DE Dept of Agriculture  
Dr. Jerry Gillucci, Dir DE Psychiatric Ctr  
Barbara Gladders, Health Statistics Ctr/DE Health Statistics Ctr/DPH  
Deborah Wilson, Pres. & CEO Metropolitan Wilmington Urban League  
Sara Grainger, Dir Community Planning & Policy Development  
Jonathan Kirch, Gov Relations Dir/American Heart Assoc  
Marjorie Shannon, State Epidemiologist DPH  
Dr. Judith Herrman, Assoc. Professor/School of Nursing/UD

**Healthy Lifestyle (Individual) Subcommittee Members**

Susan Eggert, New Castle County's Dept of Community Service  
Tina Robinson, Prevention Specialist/ContactLifeline, Inc.  
Jeanne Chiquoine, DE Gov Relations Dir

**Health Care Providers Subcommittee Members**

John VanGorp, Bayhealth Medical Ctr  
Mary Kate Mouser, Nemours  
Megan Williams, Beebe Medical Ctr  
Jane Bowen, Children & Families First  
Kimberly Smalls, DE Physicians Care

**Community Health Promotion (Organization) Subcommittee Members**

Jerry Llewellyn, PH Admin 1/DPH  
Anita Muir, DPH  
Chris Oakes, ADRC Project Mgr/DE Div of Services for Aging & Adults w/Physical Disabilities  
Fred Breukelman, Dir Of Health Education/DPH  
Kate Salvato, Dir of Education/Bayhealth Medical Ctr  
Peter Houle , Ex Dir DE HIV Consortium  
Sharon Harrington, Nanticoke Health Services  
Karen McGloughlin, Social Services Administrator, DPH  
Dan Murphy, United Way of DE  
Kathleen Russell, DPH  
Mary Anderson,  
Donna Sharp, DPH

## **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.

## Delaware Community Themes and Strengths Assessment

(For strategy: 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 a patient/family centered medical home that is 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 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?

**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 African-American population in New Castle County (and the growing Hispanic population in Sussex County)?