



The First Delaware State Health Improvement Plan

Assessing and Improving Community Health in Delaware



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

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Published in collaboration with the Delaware Division of Public Health



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EXECUTIVE SUMMARY

The purpose of this report is to document the work of the Delaware community, the Delaware Department of Health and Social Services (DHSS), Division of Public Health (DPH), and stakeholders in conducting a statewide health assessment and initiating a State Health Improvement Plan (SHIP). The three-year process (2011-2014) was designed to fill the need for a comprehensive statewide plan and increase coordination and communication across organizational “silos” while addressing core issues identified for action by the community.

The SHIP was catalyzed by DPH. A strategic planning framework was needed to give structure and direction to the process. DPH utilized the nationally recognized Mobilizing for Action through Planning and Partnership, or MAPP process, developed by the National Association of County and City Health Officials. The MAPP framework divides the health improvement process into six overlapping phases: 1) organizing; 2) visioning; 3) completing assessments; 4) identifying strategic issues; 5) formulating goals and strategies; and 6) an action cycle.

Inherent in the MAPP process is the integral role of state stakeholders in conceptualizing the plan and selecting its action goals. DPH invited the participation and input of stakeholders from a wide range of health-related expertise and from each of the three Delaware counties. Stakeholder input was gathered through meetings and periodically through online surveys, and was captured in the SHIP vision statement as well as a series of three assessments. The assessments integrated information from stakeholder perceptions and multiple outside sources on health and quality of life in Delaware; risky behaviors and assets of healthy communities; key health indicators; and external factors and events that contribute to the health of Delawareans. Together, this information provided qualitative and quantitative data that served as the basis for identifying strategic issues and ultimately to two goals on which to focus a first-round action plan:

- To assure an infrastructure necessary to increase the adoption of healthy eating and active living; and
- To improve access to mental health and substance abuse services and supports, including prevention, early intervention, and treatment for all Delawareans.

DPH contracted with APS Healthcare to provide services that included data collection and analysis, report preparation, materials development, group facilitation, and planning.

Please note that this is a summary document. Further detail is provided in companion documents which can be found on the DPH website (<http://www.dhss.delaware.gov/dhss/dph>) or by calling 302-744-4700. A list of companion documents is provided as Appendix A.

The First Delaware State Health Improvement Plan

Assessing and Improving Community Health in Delaware

INTRODUCTION

The purpose of this report is to document the work in conducting a statewide health assessment and initiating a State Health Improvement Plan (SHIP). The report is divided into six sections. Section I describes the project origin, goals, and planning framework. There were six major project phases. Section II describes Phases 1 and 2, Organizing and Visioning, while Section III details the three health assessments that make up Phase 3, Health Assessments. Section IV describes the activities of Phases 4, 5, and 6, during which time key strategic issues were identified, goals and strategies were formulated, and planning for the action cycle was initiated. Section V provides results of stakeholder meeting evaluations, a stakeholder project evaluation, and structured interviews with selected stakeholders and Steering Committee members, including key lessons learned. Section VI concludes the report with an outcome summary and lessons learned.

PROJECT GOALS

The process of developing a statewide SHIP began in 2011-2012. The purpose of the process was to assess the health status of Delawareans in a systematic, organized, and collaborative manner and increase coordination and communication across organizational “silos,” while addressing core issues identified for action by the community.

Overarching Aim

To assess and improve community health in the State of Delaware.

Goals

- A **State Health Assessment** will be conducted to create a comprehensive picture of the health status of the people of Delaware and inform the choice of health improvement goals.
- A **State Health Improvement Plan** will be produced to outline specific actions to be taken and provide information to be incorporated into other organizations’ strategic plans.
- An **Ongoing, Systematic, Coordinated, Quality Improvement process** will be initiated in the State of Delaware.

Project Methodology

To accomplish these goals:

- A **Collaborative Planning Process** will be utilized to bring a wide range of perspectives and human resources together and encourage a sense of ownership.
- A **Strategic Planning Framework** will be utilized to give structure and direction to the process.

PROJECT LEADERS AND STAKEHOLDERS

Leadership

In May 2013, a SHIP Steering Committee was convened (Appendix B). Members were selected from among the stakeholders to provide guidance on the process, make final decisions on priorities to be addressed in the SHIP, and help develop accountability.

The SHIP project was facilitated by Delaware's Division of Public Health.

STRATEGIC PLANNING FRAMEWORK

A framework was needed to move efficiently through the state health improvement initiative. The nationally recognized Mobilizing for Action through Planning and Partnership, or MAPP, process developed by the National Association of County and City Health Officials was selected to facilitate the initiative.

The MAPP framework divides the health improvement process into six phases (Figure 1) which align with deliverables of the Delaware SHIP (Figure 2). Each phase builds on the information gathered in the previous phases. The three steps of Plan, Implement, and Evaluate can be performed repeatedly in a continuous quality improvement model.

Stakeholders

Stakeholders were identified for the SHIP process who represented a range of health-related expertise, including education, business, government, social services, environmental agencies, and non-profits. In particular, DPH sought stakeholders from the hospitals to align the SHIP assessment with concurrent health needs assessments of the hospitals. Care was taken to include stakeholders from all three Delaware counties to represent the unique needs and circumstances of each county.

Stakeholder group membership was fluid, allowing new stakeholders to be invited as key perspectives were needed.

Consultant – APS Healthcare

DPH contracted with APS Healthcare to provide services during the process that included data collection and analysis, report preparation, materials development, group facilitation, and planning.

Figure 1: The MAPP Process



Figure 2: SHIP Deliverables and Corresponding MAPP Phases.

SHIP Deliverables		MAPP Phases
Community Health Improvement Process Report	Community Health Assessment	1. Organizing
		2. Visioning
	Community Health Profile	3. MAPP Assessments
	Community Health Improvement Plan	4. Strategic Issues
		5. Goals/Strategies
		6. Action Cycle

I. PHASES 1 AND 2: ORGANIZING AND VISIONING

PHASE 1: ORGANIZING

Phase 1 of the MAPP process, “Organizing,” began between December 2011 and March 2012. Phase I was a preparatory stage, during which the project tone and direction were established and the foundation for the involvement of stakeholders in future phases was created.

Planning and Preparation

Initial decisions were made by DPH regarding project timeline, meeting dates and agendas, roles and responsibilities, project budget, and project deliverables. A list of potential stakeholders was generated. A complete list of participating agencies can be found in Appendix C.

Readiness Assessment

After completing the above, a formal readiness assessment was conducted that confirmed that these initial critical elements were organized and in place.

With the initial course set and stakeholders selected, Phase 1 was complete.

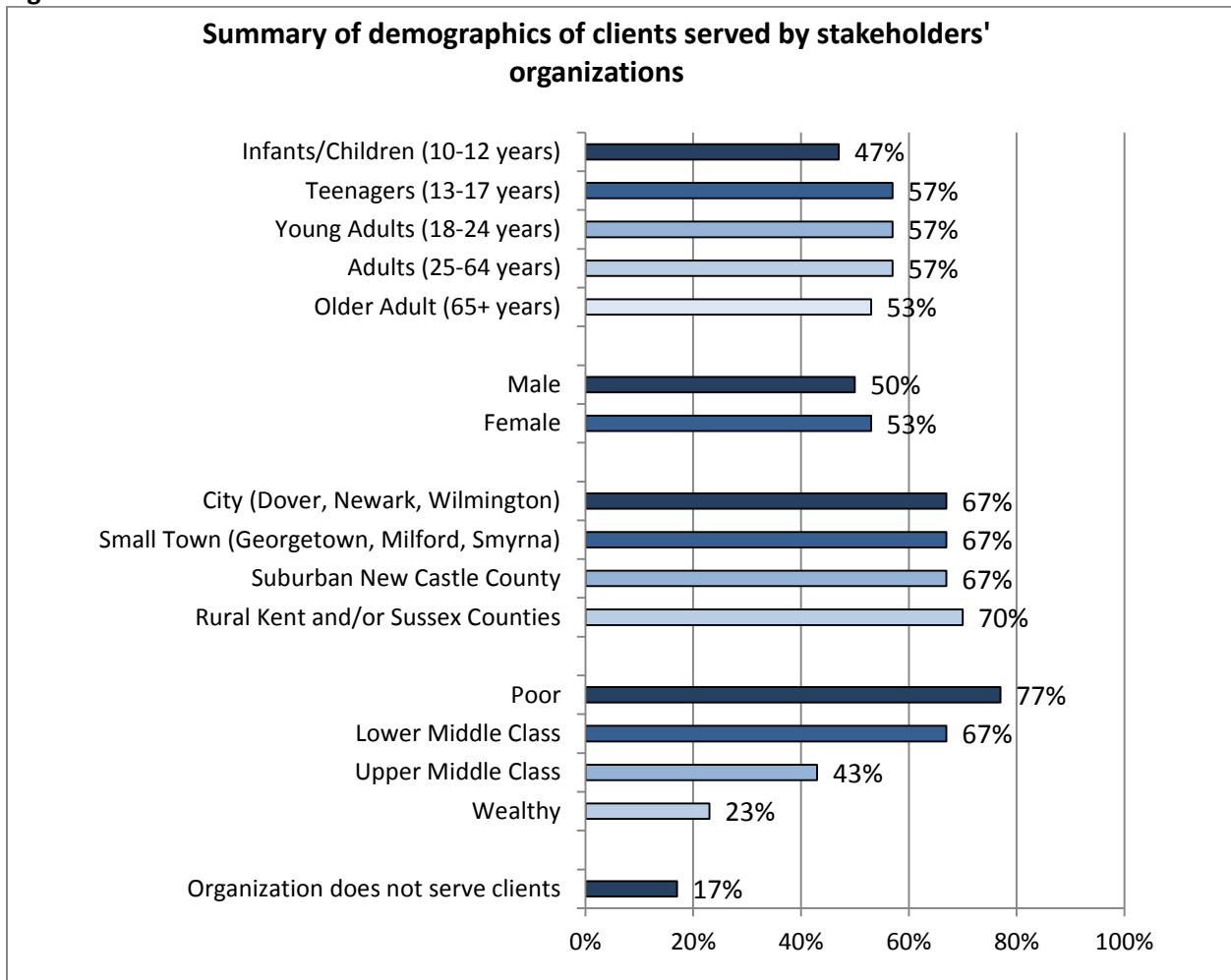
PHASE 2: VISIONING

In Phase 2, “Visioning,” stakeholders became a driving force behind the SHIP process. First, with a kick-off survey, information was gathered from stakeholders about their organizations and the issues important to their clients. Then, during an inaugural stakeholder meeting on April 4, 2012, 33 stakeholders representing 22 organizations built a vision statement for the SHIP initiative. The visioning phase resulted in a formal vision statement (see page 6) that guided stakeholders through the remainder of the SHIP process.

According to stakeholders, the top five public health issues faced were:

1. Access to clinical services;
2. Chronic Disease Prevention and Control;
3. Health Education / Health Promotion;
4. Mental Health; and
5. Community Health.

Figure 3.



Source: Pre-Kickoff Survey, April 2012.

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

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

SHIP VISION STATEMENTS

Delaware will be a state that:	
1	Emphasizes a comprehensive, holistic definition of health for individuals, families, and communities.
2	Puts in place policies which allow Delawareans to have the easiest choices be the healthiest choices.
3	Values the well-being of the individual with shared goals of prevention, patient-centered care, and a healthy and safe environment.
4	Informs and educates individuals so they have the knowledge and information to make informed decisions about their health and health behaviors.
5	Promotes healthy behavior change through providers, education, and supportive policies and systems.
6	Achieves optimal health by ensuring that everyone receives primary and specialty care in medical homes that are integrated within the community.
7	Eliminates barriers to achieving optimal health such as accessibility, transportation, disparities, and lack of insurance coverage.
8	Maximizes resources by increased collaboration between providers and with community resources to reduce duplicity of services and contain costs.
9	Removes stigma and fears associated with accessing physical and behavioral health services.
10	Provides equitable, integrated access to care throughout the lifespan.
11	Ensures people have full access to comprehensive, high-quality, culturally-competent health care services.
12	Links all healthcare providers through utilization of an integrated health information technology, to optimize health care services.

II. PHASE 3: MAPP HEALTH ASSESSMENTS

After creating a collective vision for the Delaware State Public Health System in Phase 2, data was collected about health and health perceptions in the State of Delaware. In Phase 3, MAPP Health Assessments, three interrelated assessments were developed that created a comprehensive account of the health of Delawareans. The three assessments were performed concurrently from July through September 2012. In the MAPP framework, there is a fourth assessment, the Public Health System Assessment. It was determined that this assessment would not be feasible within the project time frame.

The Three Assessments
Community Themes and Strengths Assessment (CTSA)
Forces of Change Assessment (FOC)
Community Health Status Assessment (CHSA)

Once completed, the assessments provided baseline data to inform the subsequent stages of the SHIP process and future state health improvement efforts.

The information that follows is a summary. Further detail is provided in companion documents which can be found on the DPH website (<http://www.dhss.delaware.gov/dhss/dph>) or by calling 302-744-4700. A list of companion documents is provided in Appendix B.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The Community Themes and Strengths Assessment (CTSA) consisted of the Delaware Community Health Survey and an asset mapping activity conducted at a stakeholder meeting on July 18, 2012. Through these activities, the perspectives of stakeholders, both as providers and as community members, became clear regarding state and regional (1) quality of life; (2) health issues; (3) risky behaviors; and (4) assets that support a healthy community.

Delaware Community Health Survey

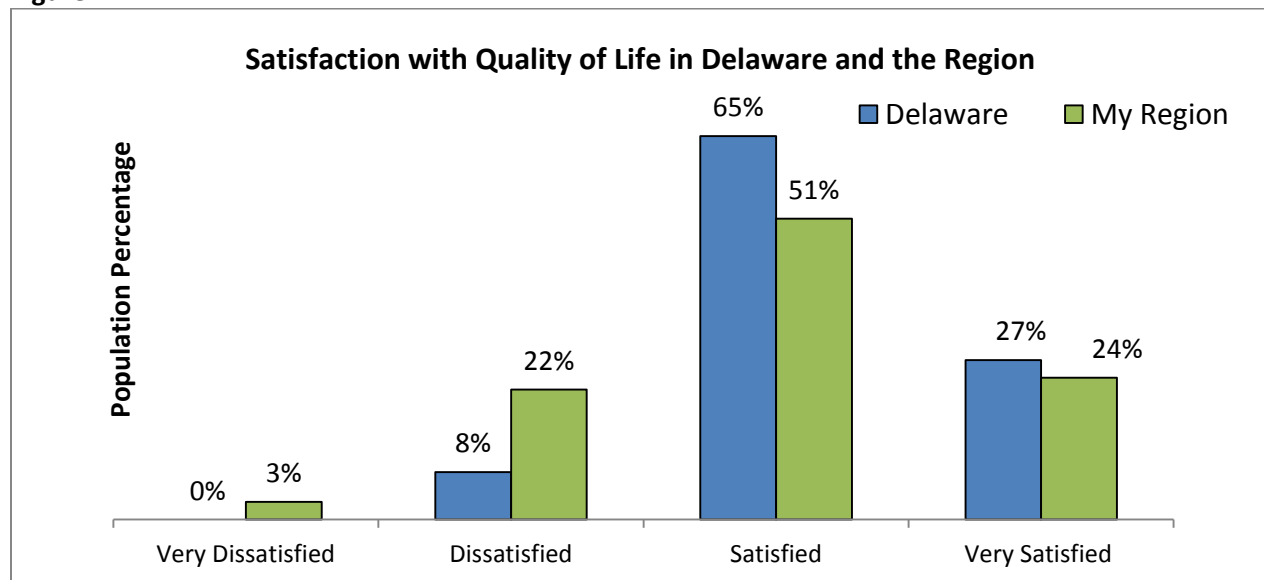
The Delaware Community Health Survey was a web-based survey, which consisted of 25 questions about stakeholders' perceptions. Thirty-seven (37) stakeholders responded to the survey for a response rate of 35 percent. The majority of respondents were from New Castle County (46 percent), followed by Kent County (24 percent), Sussex County (16 percent), and the City of Wilmington (14 percent).

Key Results

Comparison between State and Region

The results revealed a pattern in which respondents rated their satisfaction with the quality of life and health in their state higher than that in their specific region. As shown in Figure 4, 92 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.

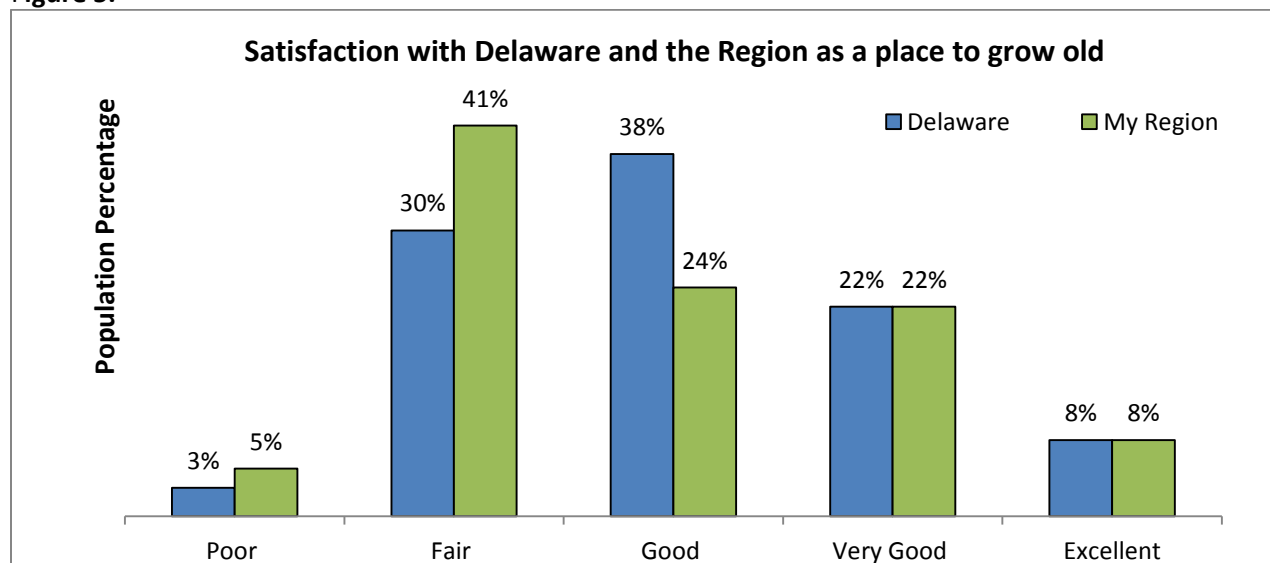
Figure 4.



Source: Delaware Community Health Survey, 2012.

Additionally, Figure 5 shows the relative satisfaction of Delawareans with their state as a place to grow old and a relative dissatisfaction with their region as a place to grow old. Thirty-three percent (33 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.

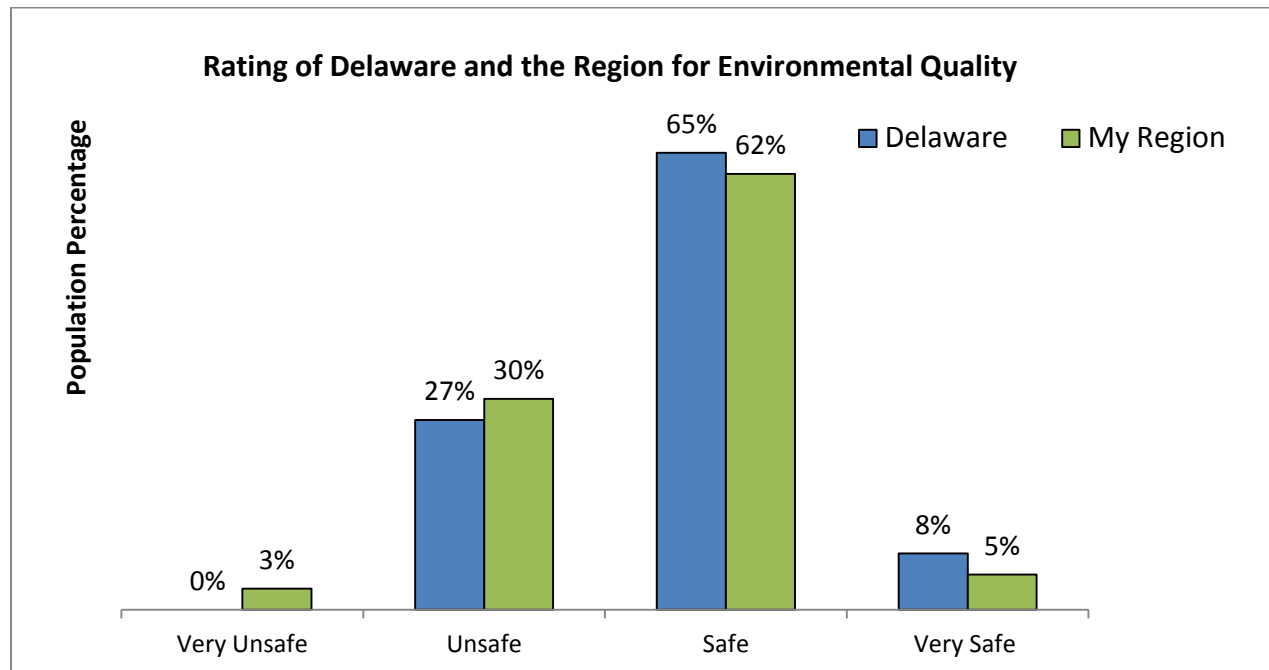
Figure 5.



Source: Delaware Community Health Survey, 2012.

In the categories of safety and quality of the environment, respondents rated the state and their region similarly, as shown in Figure 6.

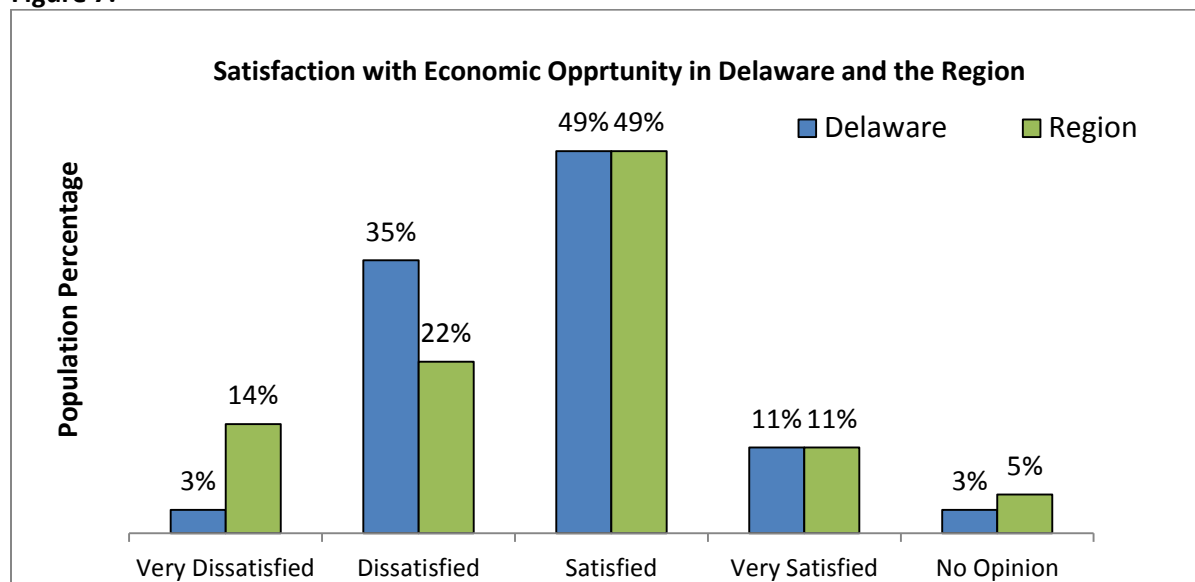
Figure 6.



Source: Delaware Community Health Survey, 2012.

Though 49 percent of respondents were “satisfied” with the economic opportunity in both their state and their region (Figure 7), a greater percentage responded they were “dissatisfied” in their state (35 percent) as compared to their region (22 percent). This was the only category in which respondents rated their region higher.

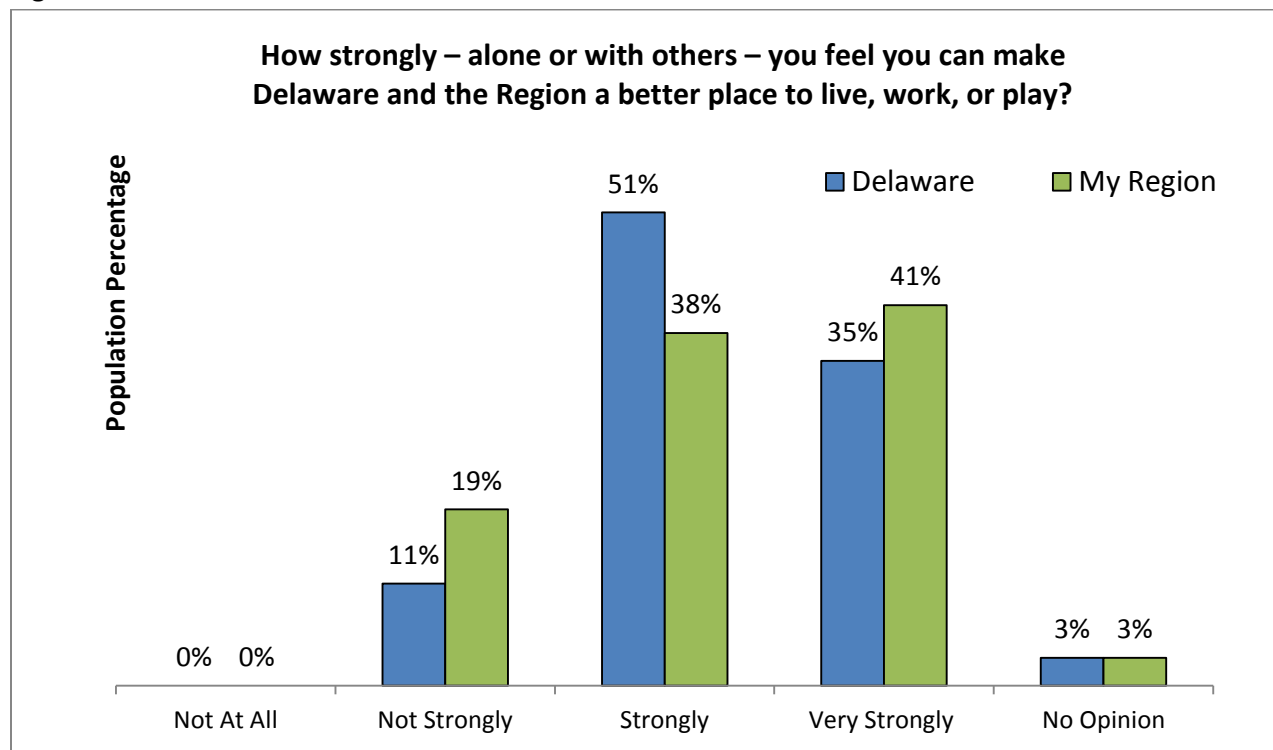
Figure 7.



Source: Delaware Community Health Survey, 2012.

Overall, respondents felt “strongly” or “very strongly” that they could make a difference in their community as shown in Figure 8.

Figure 8.



Source: Delaware Community Health Survey, 2012.

Health Issues, Problems, and Behaviors

The final questions of the Delaware Community Health Survey asked stakeholders to rank items from several lists. The lists included important factors for a healthy community, important health problems, and important risky behaviors. Top choices in each category were:

Most important factors for a healthy community:

1. Good jobs and healthy economy
2. Healthy behaviors and lifestyles
3. Access to healthcare (e.g., family doctor)

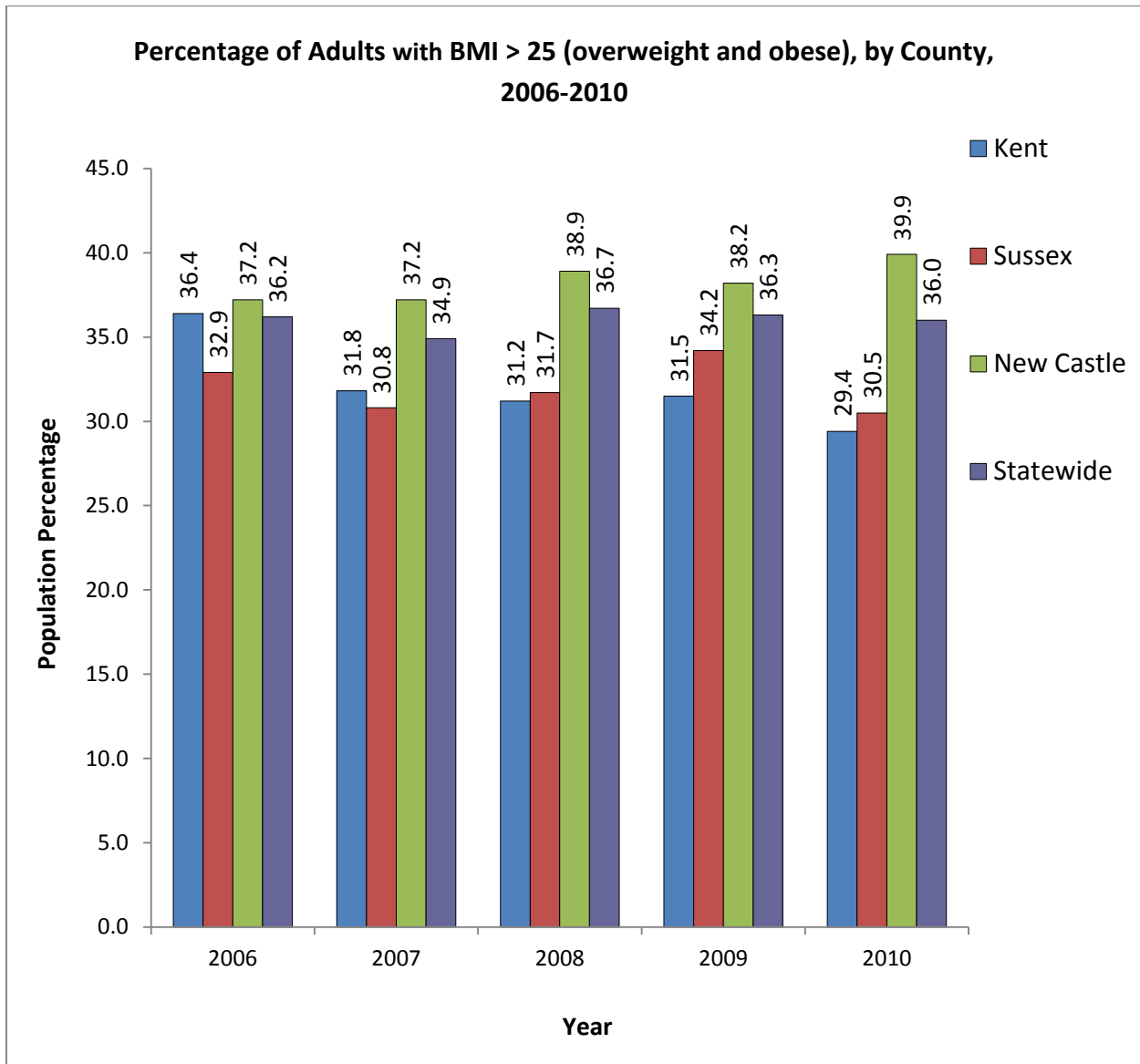
Most important health problems in your region:

1. Cancers
2. Diabetes
3. Heart disease and stroke
4. Mental health problems

Most important risky behaviors in your region:

1. Being overweight
2. Lack of exercise
3. Poor eating habits

Figure 11.



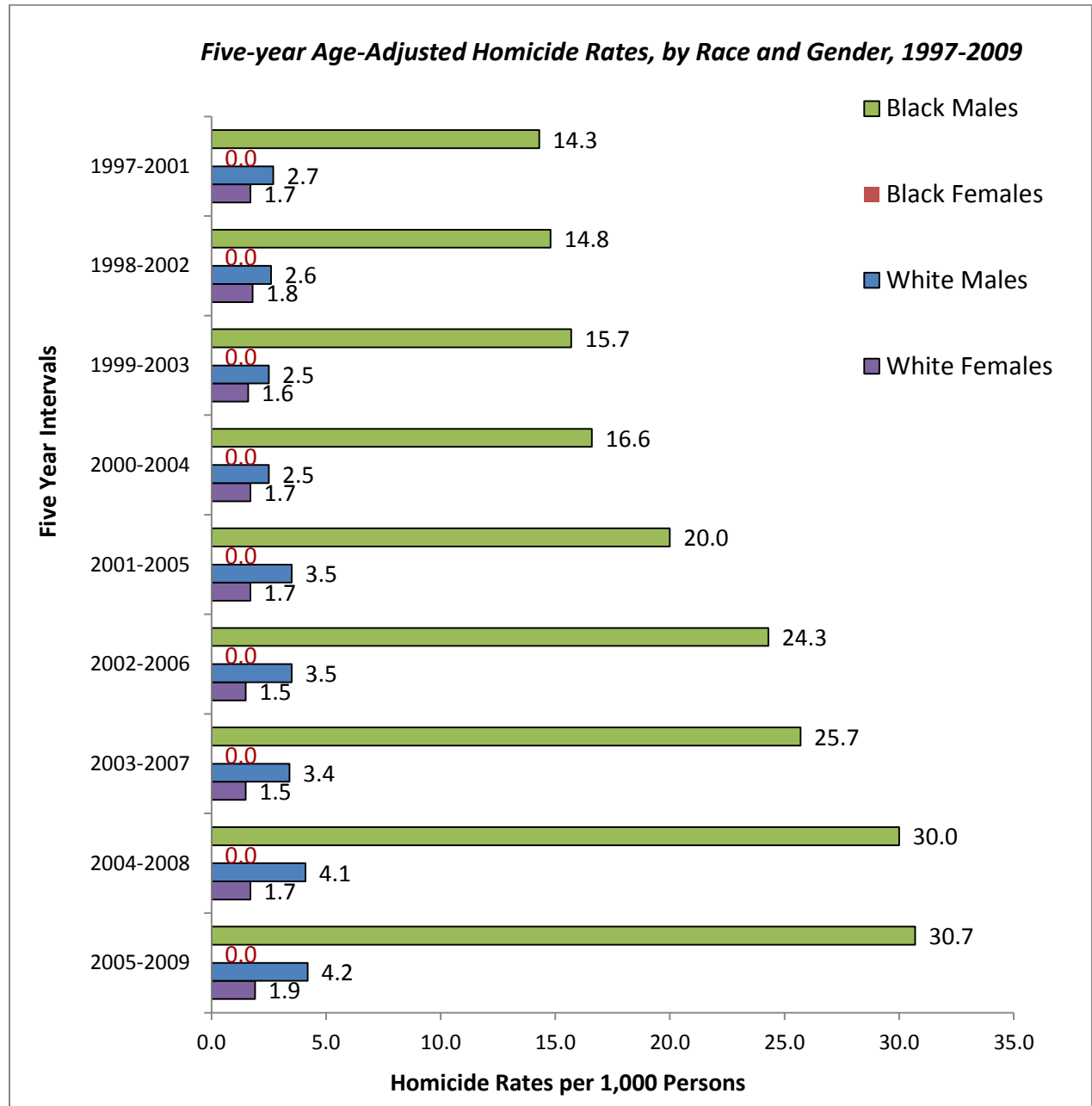
Source: Delaware Behavioral Risk Factor Survey, 2010.

- New Castle County had the highest prevalence of overweight and obesity of the three counties, with a 2.7 percent increase over four years.
- In 2008, 50 percent of Delaware’s children ages 2-17 years were of healthy weight, 16.5 percent were overweight, and 24.3 percent were obese.
- Consistent with national rates, the rate of overweight and obesity is increasing in Delaware.

Death, Illness, Injury and Homicide

Delaware’s five-year age-adjusted homicide rate was 6.2 for 2005-2009, which is a 72 percent increase from the 1999-2003 five-year average homicide rate of 3.6.

Figure 12.



Source: Delaware Health Statistics Center. Delaware Vital Statistics Annual Report, 2009.

- During the interval of 1997-2009, the Black female homicide rate was zero, while the Black male homicide rate more than doubled from a rate of 14.3 to a rate of 30.7.
- Homicide rates among Blacks are more than four times greater than the homicide rate among Whites during some intervals. This disparity increased over time.

Demographic Characteristics – Homeless Individuals

Delaware’s homeless population has increased significantly since 1986 (Figure 13). In 2006, one in five people in emergency shelters in Delaware were children.

Figure 13.

Point Prevalence Estimates of the Number of Persons and Multi-Person Households in Emergency Shelters in Delaware on Selected Dates in 1986, 1995, 2000, and 2006				
Persons and Households	February 25, 1986	January 25, 1995	January 25, 2000	January 26, 2006
Adults	178	398	385	427
Children (under 18)	88	254	164	116
Total Persons	266	652	549	543
Percent who are Children	33.1%	39.0%	29.9%	21.4%
Total Multi-Person Households	46	130	81	62

Source: *University of Delaware Center for Community Research and Service, Homeless Planning Council of Delaware.*

Environmental Health Indicators – Air Quality

Air quality is monitored at several different sites in Delaware. Stations in New Castle County include Wilmington, Delaware City, Summit Bridge, Newark, Bellefonte, and Brandywine; Kent County stations include Dover and Felton; and Sussex County stations include Seaford and Lewes. Air pollutant emissions are calculated every three years.

Table 1: Air Quality by County, Metropolitan City, 2011.

	Number of Days When Air Quality Was...			
	Good	Moderate	Unhealthy for Sensitive	Unhealthy
Kent	325	37	3	0
New Castle	243	111	9	2
Sussex	311	48	6	0
Dover, DE	325	37	3	0
Philadelphia-Camden-Wilmington	154	193	15	3
Seaford, DE	311	48	6	0

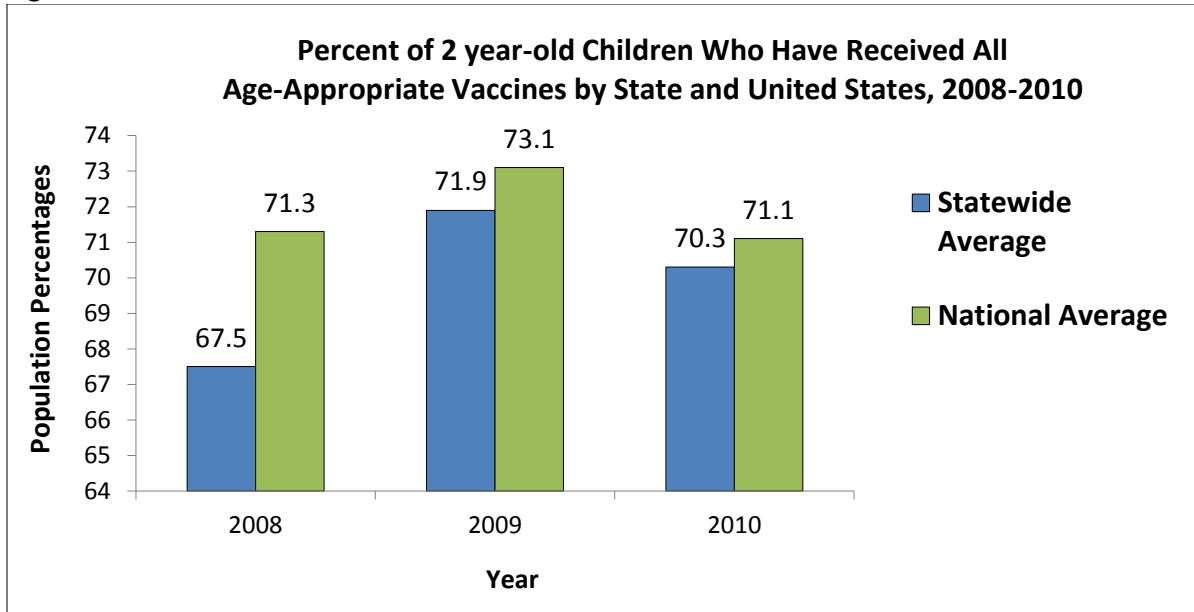
Source: United States Environmental Protection Agency AirData, 2011.

- In 2010, two pollutants, ozone and PM2.5, were near or exceeded the national ambient quality standards. Other pollutants, such as carbon monoxide, nitrous oxide, sulfur dioxide, and PM10, were well below national standards.
- In 2010, there were 18 days that ozone levels surpassed the eight-hour limit. Fourteen days were in New Castle County, five days were in Kent County, and nine days were in Sussex County.
- Concentrations of air toxins in Wilmington continued to decline.

Health Resource Availability – Vaccinations

According to a 2011 study conducted by the Centers for Disease Control and Prevention (CDC), Delaware was ranked eighteenth among states regarding the percentage of children aged 19 to 35 months who have received the following vaccinations: four or more doses of DTP, three or more doses of poliovirus vaccine, one or more doses of any measles-containing vaccine, and three or more doses of Hepatitis B vaccine. The state vaccination coverage for this measure was 91.8 percent.

Figure 14.



Source: Centers for Disease Control and Prevention, National Immunization Survey, 2011.

- The state vaccination coverage in 2-year-old children increased by 4 percent between 2008 and 2010, compared to a slight decrease nationally.

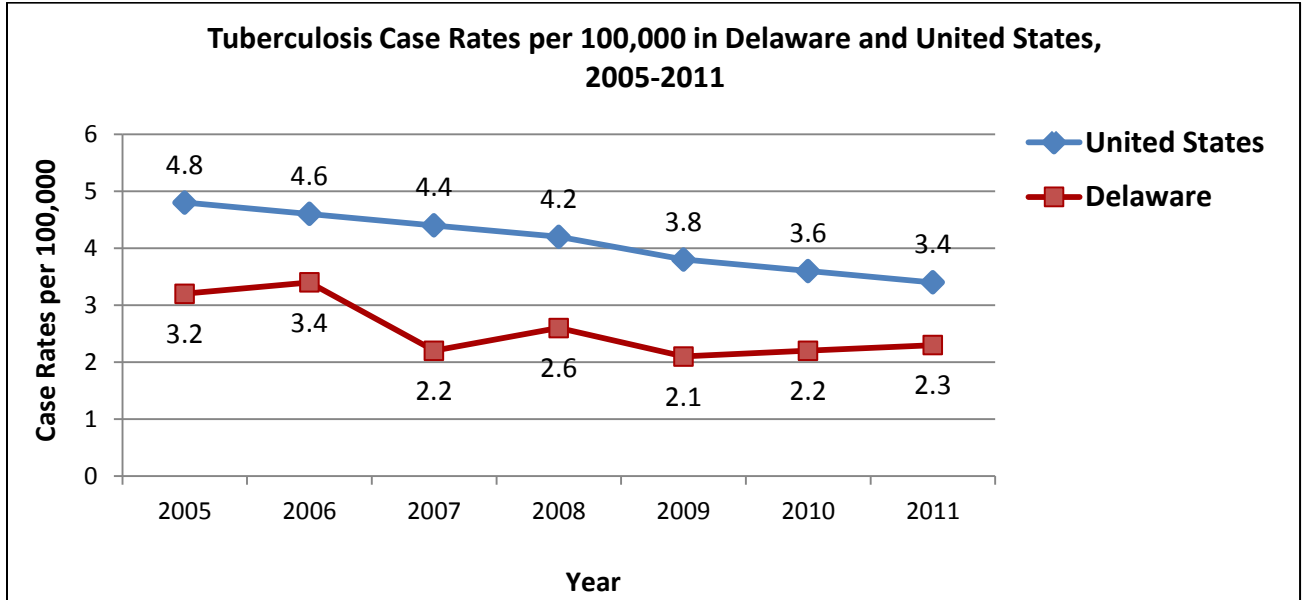
According to the same study,

- In 2010, 66.9 percent of Delaware adults aged 65 and older had received a flu shot, which was lower than the nation average of 67.4 percent.
- In 2010, 70.0 percent of Delaware adults aged 65 and older had never had received a pneumonia vaccine, which was higher than the national average of 68.6 percent.

Infectious Diseases – Tuberculosis

According to the CDC, Delaware is a low incidence Tuberculosis state, which means that new cases of Tuberculosis are not frequently reported in Delaware.

Figure 15.



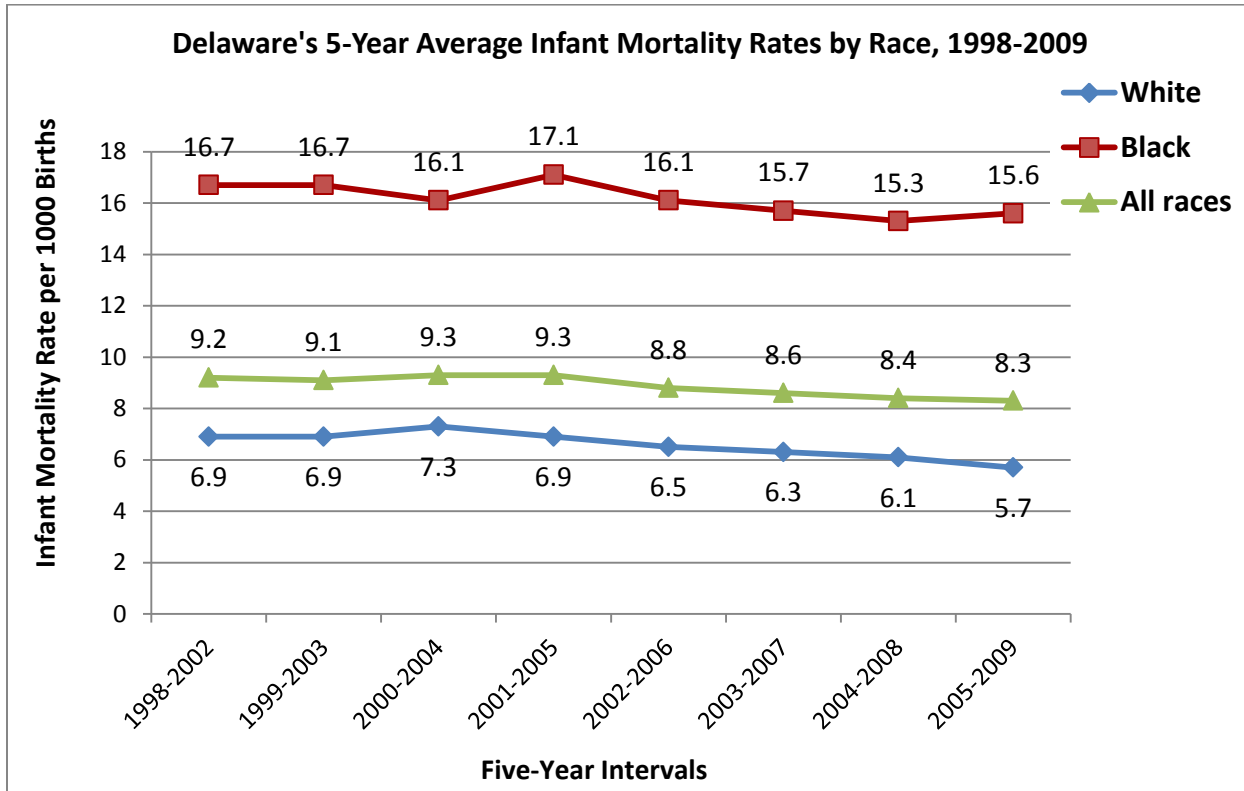
Source: Delaware Division of Public Health, Delaware Health Statistics, accessed 2012.

- Delaware's rate of TB cases is below the national rate and has declined since 2005.
- Of the 21 cases reported in Delaware in 2011, 16 (76 percent) were of foreign-born individuals.

Maternal and Child Health – Infant Mortality

Delaware’s infant mortality rate dropped by 8 percent from a rate of 9.2 per 1,000 births in the time period 2001-2005 to 8.5 per 1,000 births in 2003-2007. In 2009, the rate of infant mortality was 8.3 per 1,000 births, which was higher than the national rate of 6.8 per 1,000 births.

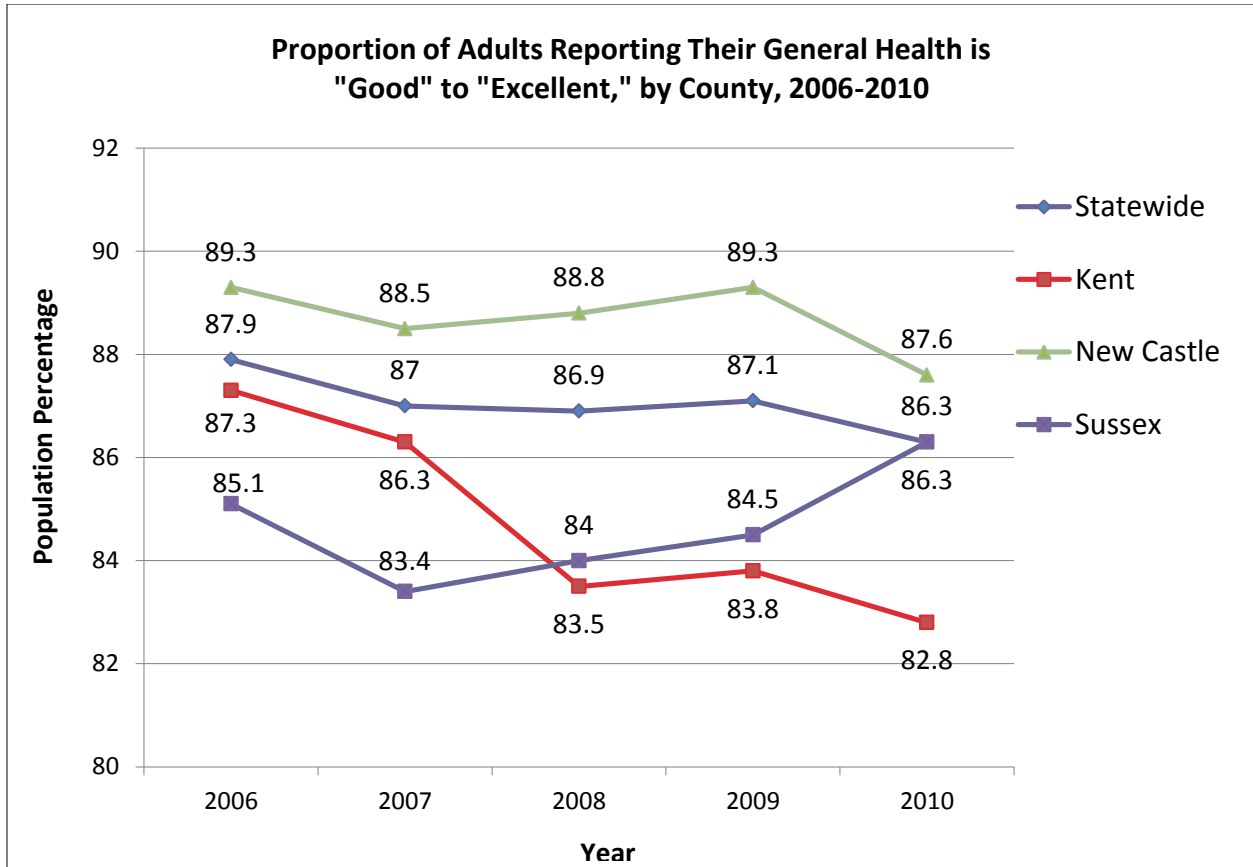
Figure 16.



Source: Delaware Health Statistics Center. Delaware Vital Statistics Annual Report, 2009.

- Black infants had a significantly higher infant mortality rate than White infants—as much as 2.8 times higher in certain years. This disparity was seen in all three counties.
- The most common cause of infant mortality included disorders related to short gestation and fetal malnutrition, accounting for 24.8 percent of the infant deaths from 2005-2009. The second leading cause of infant death was congenital anomalies, accounting for 12.7 percent of the deaths.

Figure 17.



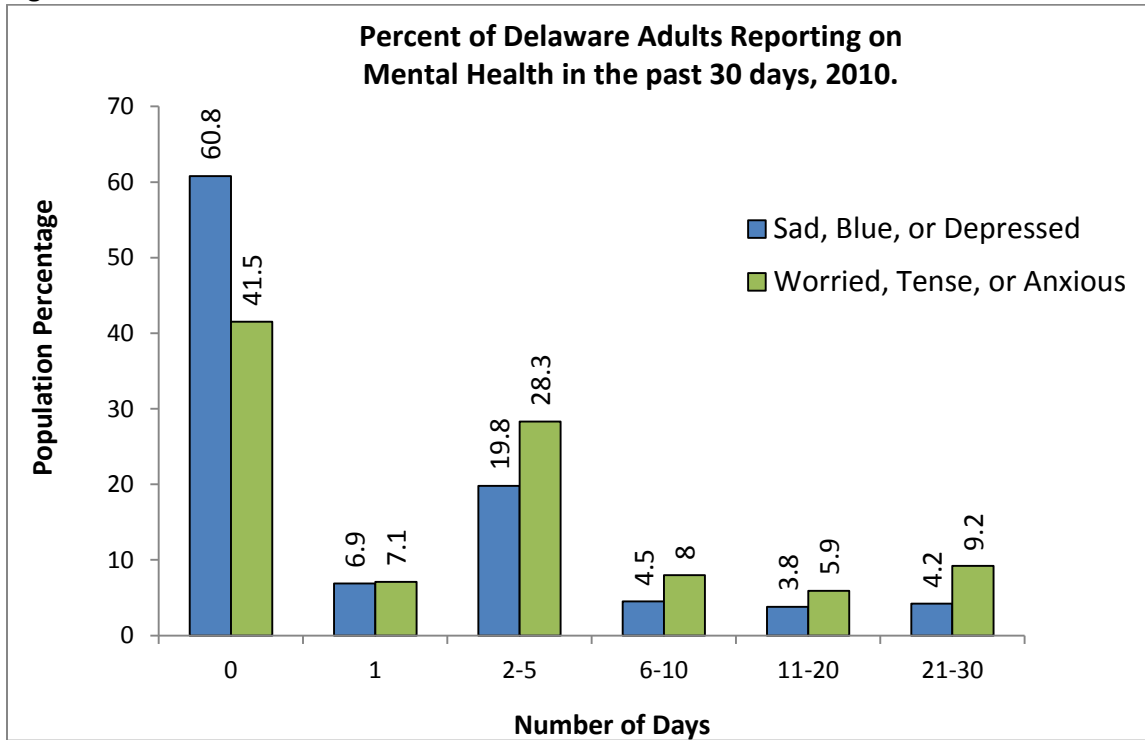
Source: Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Survey, 2010.

- The percentage of the Delaware population who believed their health was “good” to “excellent” remained relatively steady from 2006-2010. The greatest decline in health perception occurred in Kent County, decreasing from 87.3 percent in 2006 to 82.8 percent in 2010.
- In 2010, according to the Delaware Behavioral Risk Factor Survey, 88.2 percent of adult males and 84.6 percent of adult females reported they believed that their health was “good” or “better.”

Social and Mental Health – Depression and Suicide

Data from the 2010 adult Behavior Risk Factor Survey was used to gauge the burden of social and mental health among adult Delawareans. Responses to the survey were specific for the 30 days prior to when the survey was taken.

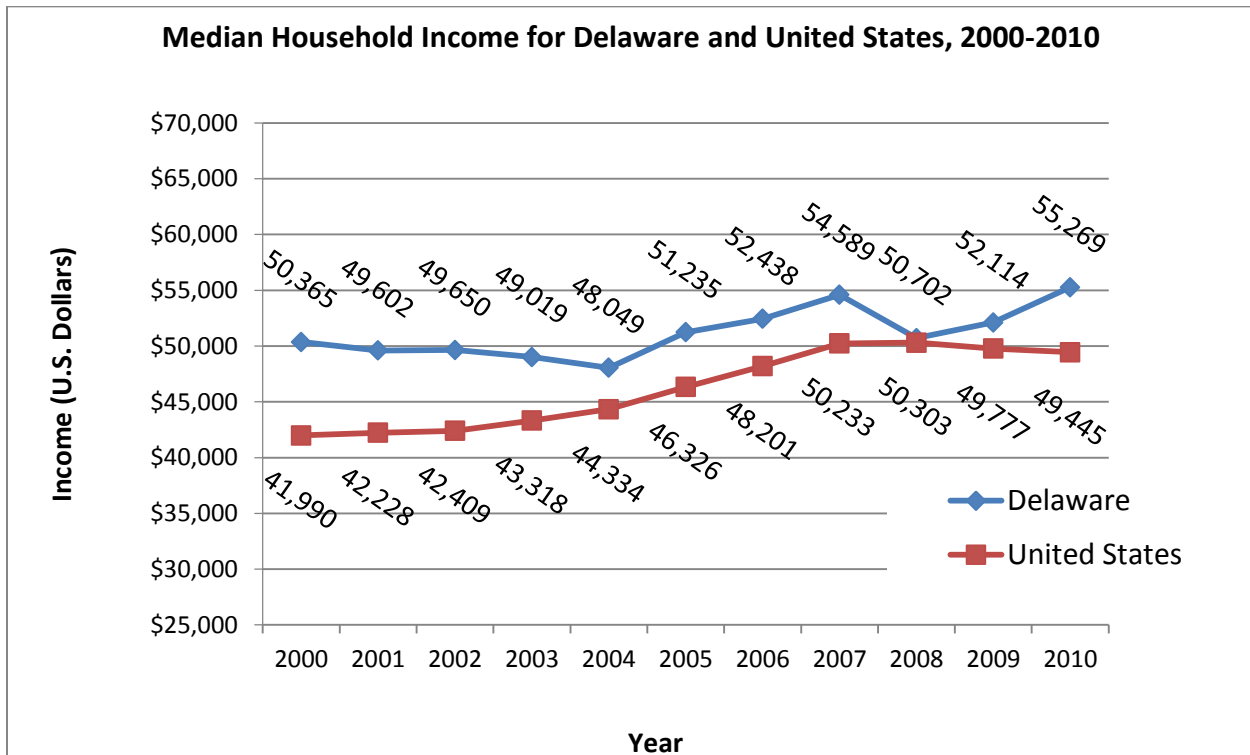
Figure 18.



Source: Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Survey, 2010.

- According to a 2010 report from DPH, 26.7 percent reported feeling sad, blue or depressed for 1-5 days during the prior 30 days, while 12.5 percent reported feeling sad, blue or depressed six days or more during the prior 30 days.
- Between 1996 and 2005, there were 103 deaths from suicide in Delaware among persons aged 10-24 years old.
- At a rate of 89 percent, males accounted for the majority of deaths from suicide among those aged 10-24 years old. Whites had higher suicide rates than Blacks in every county.
- The most common method of suicide was by firearm, which accounted for approximately half of all cases. Hanging and suffocation were the second and third most common methods, respectively.

Figure 19.



Source: United States Census, 2010.

- The median household income in Delaware from 2008-2010 was \$53,196. This is above the national average of \$50,022 for the same period.

FORCES OF CHANGE ASSESSMENT

This assessment focused on the external factors and events that contribute to the health of Delawareans. For this assessment, stakeholders listed forces of change, threats posed to public health by those forces, and opportunities created by those forces. When considered with the results from the *Community Themes and Strengths Assessment* and the *Community Health Status Assessment*, the *Forces of Change Assessment* provided substantial qualitative and quantitative data to identify the strategic issues in Phase 4. Stakeholders then ranked their top three forces of change in each category.

Key findings

The top three top categories of forces of change identified were:

- Social;
- Economic; and
- Legal/Political.

Figure 20 presents a condensed list of the forces of change and opportunities for the top three categories. The wording of the “Opportunities” provided the foundation for the development of “Goals and Strategies” in Phase 5.

Figure 20: Top Categories of Forces and Opportunities.

Forces	Opportunities Created
Social Forces	
Socio-Economic Disparity	Form partnerships to offer more opportunities to underserved and under resourced communities.
	Improve systems to equitably distribute resources and services.
Aging Population	Improve collaboration of services.
	Coordinate Medicare and social services.
	Improve palliative and end-of-life care.
Education and Health Workforce Training	Partner with nearby out-of-state professional health schools.
	Strengthen in-state undergraduate health workforce training.
	Improve health education services to lay population.
Safe Communities and Mental Health Services	Increase community safety coalitions.
	Improve access/availability of mental health services.

Economic Forces	
Weak Economy	Motivation for entrepreneurship.
	Improve resource allocation.
	Increase partnerships and collaborations.
	Increase innovative, low cost social supports.
Legal / Political Forces	
Legislative Health Care Reform	Collaborate to comply with requirements of Electronic Health Records.
	Increase access to care for more people.
	Improve the quality of care.
	Create more efficient /equitable system.
Political Elections 2012	Changes in foreign relations, social policies, and health care.
	Shift responsibility of some programs to private sector or non-profit agencies.
Reduced Funding for Social Services and State Programs	Increased incentive to collaborate between offices and programs.
	Streamline services and decrease wasteful spending.
	Create new systems to reach more clients efficiently.

Collaboration was a unifying theme

Across all of the categories of forces of change, the need to strengthen and build upon existing health improvement efforts and enhance collaboration to initiate new efforts was emphasized by recurring words such as “coalition,” “partnership,” “communication,” “coordinate,” and “collaborate.”

III. PHASES 4-6: STATE HEALTH IMPROVEMENT PLANNING

For Phases 4-6 of the MAPP process, the focus shifted from assembling the state health assessments to creating a state health improvement plan. This plan would define actions designed to promote health and achieve the overall vision of the stakeholders. In Phase 4, data from the Phase 3 assessments were distilled into strategic issues. In Phase 5, the strategic issues were translated into potential actionable goals and strategies. Finally, in Phase 6, The Action Cycle, planning was initiated for implementing the strategies and completing the goals defined by the SHIP process.

PHASES 4 & 5: IDENTIFYING STRATEGIC ISSUES, AND FORMULATING GOALS AND STRATEGIES

During Phase 4, items from a list of strategic issues were ranked by stakeholders, which, during Phase 5, were connected with actionable goals and strategies. The areas on which the SHIP would focus during the Action Cycle of Phase 6, were clarified by using information from previous phases.

Strategic Issues

To identify strategic public health issues, participants reviewed the vision statements developed in Phase 2 and the needs, strengths, and challenges identified in the three assessments of Phase 3. Care was taken to ensure that the list of strategic issues truly reflected the needs of the state and the vision of the SHIP stakeholders.

The strategic issues were then evaluated against criteria recommended by the MAPP framework. According to MAPP, strategic issues should:

- Represent a fundamental choice to be made by the community and public health leaders;
- Center around a tension or a conflict to be resolved;
- Be able to be addressed in many different ways;
- Be addressable by the public health system; and
- Be related to data from more than one of the three MAPP assessments.

Ranking the Strategic Issues

The strategic issues were ranked based on the percentage of respondents who either identified the issue as “Most Important” or “Somewhat Important.”

Goals and Strategies Report

A *Goals and Strategies Report* summarized the work completed by the end of Phase 5 and listed a prioritized list of goals and strategies that could address the top nine strategic issues.

The report provided several categories of information to give context for each issue, including:

- **Rationale** – data from the assessments;
- **Potential Stakeholders** – organizations that are already working on the issue or who might become key partners;
- **Goals/Strategies** – preliminary list of modes to address the strategic issue; and
- In some cases, **Ancillary Issues, and Strengths.**

The *Goals and Strategies Report* were publicized to stakeholders via email and to the general public via a media release and by posting the report on the DPH website.

Between September and December 2012, interested parties submitted comments via the website regarding the content of the report. The final version of the *Goals and Strategies Report*, completed in April 2013, reflected these comments.

Nine Ranked Strategic Issues

1. How can healthcare and public health agencies improve coordination of care?
2. How can the health community effectively identify and address the behavioral health treatment and mental well-being needs of the population?
3. How can we develop coordinated and comprehensive systems that promote primary prevention and lasting behavior change such as eating well, increasing physical activity and reducing/eliminating risky behaviors?
4. How can healthcare providers and organizations work together effectively to consolidate overlapping service offerings, maximize current resources, and address service gaps to provide the most comprehensive healthcare to the people of Delaware?
5. How can the health community ensure that all Delawareans have access to comprehensive, culturally competent, and easily navigable health care services?
6. How can existing organizations and infrastructure be adapted to meet the specialized and diverse needs of the growing aging population?
7. How can county stakeholders encourage civic engagement and responsibility to improve public safety and the environmental health of their communities?
8. How can the public health, government, educational, and not-for-profit communities collaborate to create programs that bring more healthcare providers to the state, especially to Sussex County?
9. How can Delaware’s health community address the increasing racial disparities in health status across the lifespan, particularly considering the Black population in New Castle County?

PHASE 6: THE ACTION CYCLE – PLANNING

It is during this phase that the efforts of the previous phases began to produce results as the Delaware public health system developed an action plan for addressing priority goals and objectives.

Comparison of SHIP and State Health Innovation Plan

One of the first steps of the Action Cycle was to look for opportunities to increase collaboration with other state efforts. The Steering Committee felt it was especially important to review the goals contained in the Delaware Health Care Commission’s *Transforming Delaware’s Health: A Model for State Health Care System Innovation*, and compare them with the SHIP goals.

As a result of the comparison, the goals were sorted into four groups:

SHIP	Unique to the SHIP
CMMI	Addressed fully by Centers for Medicare & Medicaid Innovation (CMMI)
ALL	Shared by SHIP, CMMI, and DPH
DPH	Activity specific to DPH

Of 159 SHIP goals, 155 overlapped with those of the Health Innovation Plan.

Selection of Goals for Action Cycle

A review of the strategic issues was conducted, which were then selected, along with accompanying goals, to develop an action plan. The final product included seven prioritized goals:

1. Reduce obesity by promoting healthy diet and exercise;
2. Increase access to healthy foods;
3. Reduce tobacco and tobacco substitute use;
4. Reduce substance misuse;
5. Improve the built environment to promote walking, biking, etc.;
6. Increase transportation to healthcare and behavioral health services; and
7. Improve access to behavioral /mental health services.

Two Goals Selected

Two goals, *Healthy Lifestyles* and *Access to Mental Health*, were selected as the focus of the action plan. Two workgroups were then formed. The products of these work groups are on the following page.

GOALS AND STRATEGIES FOR THE DELAWARE SHIP

Workgroup: Healthy Lifestyles

Goal: To assure an infrastructure necessary to increase the adoption of healthy eating and active living.

Strategy 1: Maximize and Develop Resources.

Objective 1.1: Leverage public and private resources.

Strategy 2: Build Support for change.

Objective 2.1: Advocate with decision makers.

Strategy 3: Optimize alignment and coordination of efforts.

Objective 3.1: Facilitate the coordination of plans and actions.

Workgroup: Access to Mental Health

Goal: To improve access to mental health and substance abuse services and supports, including prevention, early intervention, and treatment for all Delawareans.

Strategy 1: Integrate care throughout the lifetime.

Objective 1.1: Develop continuity of care across the lifespan.

Strategy 2: Enhance the mental health workforce.

Objective 2.1: Increase access to qualified mental health providers.

Objective 2.2: Enhance the skills of current mental health providers.

Strategy 3: Improved early detection, screening and early intervention, prevention.

Objective 3.1: Implement well-researched screening instruments and integrated systemic processes across multiple sectors that assist in the detection, management and prevention of emotional or behavioral problems across the lifespan.

Objective 3.2: Train first-level interventionists, community members (children, youth, and older adults), and providers to recognize, assist, and link individuals to mental health services and resources.

Strategy 4: Increase Awareness of Mental Health Issues.

Objective 4.1: Create a public awareness campaign.

IV. EVALUATION

An important piece of the *Action Cycle* is to evaluate the implementation of strategies and assessing what was accomplished. The steps below are based upon a framework developed by the Centers for Disease Control and Prevention Evaluation Working Group as noted in the MAPP process.

Evaluation of the entire SHIP Process

The implementation of MAPP was evaluated to identify areas or activities that worked well and those that didn't. This evaluation is included in a companion document and involved:

- Stakeholder and Steering Committee member interviews;
- Meeting evaluations; and
- Structured interviews.

Meeting and project stakeholder evaluations showed very positive responses to the meeting materials and facilitation. Structured interviews provided testimony to the inclusive nature of the project, confirmation of the value of the quantitative and qualitative data gathered through by the assessments, and a solid beginning to implementing the first action cycle.

Evaluation of Strategy Implementation

At the time that this report was developed, implementation of first action cycle activities had not yet occurred and therefore could not be evaluated.

The strategies, goals, and action plans will be assessed and evaluated. Evaluation attributes will include:

- Utility – The evaluation should be useful to the individuals and communities involved in the implementation of the goals;
- Feasibility – The evaluation should be realistic, prudent, diplomatic, and frugal;
- Propriety – Evaluation activities should be ethical and legal and conform to community standards, thereby adhering to community understanding of acceptability; and
- Accuracy – Evaluation results should reveal and convey technically accurate information.

Steps in completing the evaluation are as follows:

- Develop an evaluation committee;
- Identify the activity or strategy being evaluated. This entails revisiting and understanding the goals, strategies, and action plans being implemented, as well as the components of the vision that connect to each strategy;
- Identify processes to evaluate, such as level of community, engagement, and comprehensiveness of participation;
- Select the questions that the evaluation will answer, the process for answering these questions, the methodology to be used in collecting answers, a plan for carrying out the evaluation activities, and a strategy for reporting the results of the evaluation;
- Collect data about the activity in order to answer the evaluation questions;
- Share lessons learned; and
- Reward participants for their hard work. Recognize volunteers.

V. CONCLUSION

This report documents the work of the state of Delaware in conducting a statewide health assessment and initiating a state health improvement plan. The process filled the need for a comprehensive statewide strategy to improve the health of Delawareans by increasing coordination and communication across organizations and institutions, while addressing core public health issues. With the selection of two workgroups and formation of the initial goals and strategies, Delaware was well-positioned to begin a cyclic state health quality improvement process. These outcomes – particularly the three assessments – represent the culmination of approximately three years of work, from 2011 to 2014.

Participation and opinions of a diverse group of stakeholders was pivotal to the conceptualization of the state health improvement plan and the selection of its action goals. Stakeholder input was captured in the vision statements and the results of three assessments. The assessments integrated information from stakeholder perceptions and multiple outside sources to provide a comprehensive analysis of the quality of life, risky behaviors, community assets, key health indicators, and external factors that contribute to the health of Delawareans. Together, this information provided a wealth of qualitative and quantitative data that served as the basis for identifying strategic issues and, ultimately, to choosing two areas on which to focus a first-round action plan: *Access to Mental Health* and *Healthy Lifestyles*.

Through this process, a foundation was established upon which stakeholders can collaborate to efficiently and effectively improve the health of Delawareans. The Delaware SHIP marks an essential first step toward a healthier community. Future cycles of this process will undoubtedly sustain and enhance improvements made by this first Delaware SHIP.

APPENDIX A: LIST OF COMPANION DOCUMENTS

Delaware SHIP Project Timeline

Community Themes and Strengths Assessment

Community Health Status Assessment

Forces of Change Assessment

Goals and Strategies Report

Goal Comparison – State Health Improvement Plan and State Health Innovation Plan

Healthy Lifestyles Goals and Strategies

Access to Mental Health Goals and Strategies

APPENDIX B: DELAWARE SHIP STEERING COMMITTEE MEMBERS

Gerald Gallucci, MD, MHS, Delaware Health and Social Services

Mary Kate Mouser, Nemours Health and Prevention Services

Karyl Rattay, MD, MS, Delaware Division of Public Health

Jill Rogers, Delaware Health Care Commission

Lisa Schieffert, Delaware Healthcare Association

Paul Silverman, DrPH, Delaware Division of Public Health

Michelle Taylor, United Way of Delaware

APPENDIX C:
ORGANIZATIONS PARTICIPATING IN THE DEVELOPMENT OF
THE FIRST DELAWARE STATE HEALTH IMPROVEMENT PLAN

AETNA	Delaware Physicians Care
American Heart Association	Delaware Psychiatric Center
AstraZeneca	Delaware Restaurant Association
Bayhealth Medical Center	Delaware State Chamber of Commerce
Beebe Medical Center	Delaware State University
Brandywine Counseling	Delaware YMCA
Children and Families First of Delaware	Jewish Family Services of Delaware
Christiana Care Health Systems	Kids Count in Delaware
Contact Life Line, Inc./Prevention Specialist	La Red Health Center
Delaware Child Death, Near Death and Stillbirth Commission	Medical Society of Delaware
Delaware Coalition Against Domestic Violence	Metropolitan Wilmington Urban League
Delaware Department of Agriculture	Nanticoke Health Services
Delaware Department of Education	Nanticoke Memorial Hospital
Delaware Division of Prevention and Behavioral Health Services	Nemours Health and Prevention Services
Delaware Division of Public Health	New Castle County Department of Community Services
Delaware Division of Services for Aging and Adults with Physical Disabilities	Office of Governor Jack Markell
Delaware Division of Substance Abuse and Mental Health	PMG Consulting, LLC
Delaware Health and Social Services	Quality Insights of Delaware
Delaware Health Information Network	Sussex County Health Promotion Coalition
Delaware Health Care Association	United Way of Delaware
Delaware Health Care Commission	University of Delaware
Delaware HIV Consortium	West Virginia Medical Institute
Delaware Office of Management and Budget	Westside Family Healthcare, Inc.
Delaware Mental Health Association	