

The First Delaware State Health Improvement Plan

Appendix G: Goal Comparison SHIP – SHCIP - DPH

State Health Improvement Plan (SHIP)
State Health Care Improvement Plan (SHCIP)
Delaware Division of Public Health (DPH)

Created for
Delaware SHIP Steering Committee
September 3, 2013



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Delaware State Health Improvement Plan

APPENDIX G: GOAL COMPARISON—SHIP-SHCIP-DPH

Created For DE SHIP Steering Committee Meeting of 9/3/2013

State Health Improvement Plan (SHIP)

State Health Care Improvement Plan (SHCIP)

Delaware Division of Public Health (DPH)

The following tables helped Delaware stakeholders visualize the overlap between the potential goals listed in *The First Delaware State Health Improvement Plan's (DE SHIP) Goals and Strategies Report* and the goals of the Delaware State Health Care Improvement Plan (DE SHCIP) grant. The tables also identify which potential goals of the DE SHIP will be the main responsibility of the Delaware Division of Public Health (DPH).

Within each strategic issue, the goals were sorted into the following four groups:

Group	Description
SHIP	Goal unique to DE SHIP; SHCIP project does not include specific goal.
SHCIP	Goal is addressed fully by SHCIP project; SHCIP takes full responsibility for implementing, monitoring, and reporting.
ALL	Goal is shared by both SHIP and SHCIP projects: <ol style="list-style-type: none">1. SHCIP project lists the goal but it also falls under responsibility of DPH, e.g., immunizations, communicable diseases, or infant mortality2. SHCIP project lists the goal and takes responsibility, but the SHIP project, or other organizations may<ol style="list-style-type: none">a. Supplement<ul style="list-style-type: none">• Pre-existing stakeholder roles (e.g., AIDS organizations)• New projects (e.g., reducing obesity or tobacco use)b. Monitor with more specific focus by stakeholder groups (e.g., outreach to homeless or immigrants)c. Advocate<ul style="list-style-type: none">• For any area in which SHCIP implementation falls short of its goals, or• For other improvements in health care system, including new problems arising during health care systems changes.
DPH	Activity specific to DPH, e.g., updating its website

Strategic Issues

Strategic Issue 1: How can health care and public health agencies improve coordination of care?

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

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

- 3.1 - Health Promotion
- 3.2 - Healthy Food Access
- 3.3 - Reducing Obesity Rates
- 3.4 - Improving Children's Health
- 3.5 - Smoking Prevention and Cessation
- 3.6 - Diabetes Care Management

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 Delawareans?

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

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

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

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

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

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

Issues 1-3 were ranked as Priority Category One.

Strategic Issue 1 How can health care and public health agencies improve coordination of care?	
SHCIP	1. Build stakeholder website or web-based forum to share resources.
SHCIP	2. Coordinate existing health IT programs and electronic health records (EHRs); Increase provider and hospital buy-in for EHRs.
SHCIP	3. Ensure coverage for medical homes for families of children and youth with special health care needs (CYSHCN) and expand support networks for population once they reach 18.
SHCIP	4. Ensure coverage for patient-centered medical homes for all Delawareans, beginning with state employees.
SHCIP	5. Ensure EHRs are capturing the full range of demographic variables including race, ethnicity, disability status, sex and primary language.
SHCIP	6. Establish universal use of EHRs for all residents.
SHCIP	7. Increase presence of medical homes across the state and inform public about benefits of patient-centered medical homes.
SHCIP	8. Offer educational opportunities to encourage primary care health professionals to integrate mental health screenings/services into their practices, stressing the link between mental and physical health.
SHCIP	9. Standardize and support evidence-based practice to lead to a consistently delivered, high level of care.
ALL	10. Ensure that patients and the public at large are educated and empowered to use patient-managed technology and communication for prevention and care.
ALL	11. Extend the reach of public transportation systems, especially for elderly and disabled populations and for Sussex County residents.
ALL	12. Improve the accessibility and promotion of integrated primary and preventive care for all residents; incorporate mental, oral, and vision health, especially in Kent and Sussex Counties.
ALL	13. Increase service offerings and access to other statewide services to populations in Kent and Sussex, especially services aimed at the aging population and for mental health and well-being improvement.

Strategic Issue 2

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

SHIP	1. Increase outreach to homeless/incarcerated populations and increase coordination between mental health service providers and prison system.
SHCIP	2. Educate primary care providers on available mental health services in their communities and encourage regular screenings for their patients.
SHCIP	3. Expand State Loan Repayment Program for mental health practitioners.
SHCIP	4. Improve and streamline the credentialing and licensing process to reduce the time it takes for out-of-state providers to receive their license to practice in Delaware.
SHCIP	5. Improve coordination of primary medical and mental health care.
SHCIP	6. Improve follow-up to ensure continuation of care.
SHCIP	7. Increase recruitment efforts to bring mental health providers to Delaware, especially in underserved areas (namely, Kent and Sussex Counties).
SHCIP	8. Offer tiered licensing programs to incentivize providers to practice in Delaware.
SHCIP	9. Offer training programs for providers to increase cultural competency, as well as competency in working with the aging population and their mental health needs.
ALL	10. Utilize mobile treatment vans/telemedicine/other innovative approaches to increase access to mental health services for underserved populations.
ALL	11. Consider opening inpatient hospitalization/day treatment program in Sussex County.
ALL	12. Develop and disseminate culturally sensitive outreach campaigns/printed materials to help educate the public and reduce stigma surrounding mental health issues.
ALL	13. Improve transportation systems to facilitate access to existing mental health/substance abuse services.
ALL	14. Offer an increased breadth of mental health screening and treatment services (especially for drug use and abuse, depression/anxiety, and suicide risk) in schools, and through school-based wellness centers and counselors.
ALL	15. Reduce drug use/abuse rates (especially marijuana, heroin, crack cocaine, crystal meth, prescription drugs, and opiates), particularly among teenage population.
ALL	16. Expand outreach to high-risk undocumented population in Sussex County.
ALL	17. Improve data collection methods for an accurate picture of drug abuse rates in population.

Strategic Issue 3

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

3.1 - Health Promotion

SHCIP	1. Expand reach of Health Ambassadors/Promotoras. [HC Innovations Model adds “Community Health Workers and Care Coordinators”].
ALL	2. Continue to regularly evaluate the effectiveness of current health promotion and disease prevention programs in Delaware.
ALL	3. Disseminate Be Proud! Be Responsible! and Making Proud Choices! curricula to schools and community-based organizations (Personal Responsibility Education Program (PREP)).
ALL	4. Educate decision makers and key leaders about the importance of prevention and early detection.
ALL	5. Engage community-based organizations (schools, workplaces, health care, faith-based organizations) to promote healthy lifestyles.
ALL	6. Ensure that exercise/physical activity and healthy eating programs and services are high-quality, culturally appropriate, accessible, available, and affordable.
ALL	7. Fund comprehensive, targeted, and culturally-appropriate population-level messages to create a culture of health and support individual health improvement.
ALL	8. Improve built environment and expand trail systems (especially in Kent County, where there are only nine total trail miles) to meet the needs of hikers, cyclists, pedestrians, etc. through Fort DuPont Complex, Thompson Island Trail, White Clay Creek, and Assawoman Canal expansion and development projects.
ALL	9. Improve health literacy so Delawareans have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.
ALL	10. Promote outdoor recreation (including new trail expansions) and active/alternative transportation through social media marketing campaigns.
ALL	11. Provide training, technical assistance and resources, which respect cultural differences, to communities for effective targeting and planning of evidence-based health promotion campaigns.
ALL	12. Utilize new communication technologies like smart phones, tablets and laptops to pursue new avenues for health education.

3.2 - Healthy Food Access

SHIP	1. Change policy so that farmers' markets across the state can accept WIC coupons and Electronic Benefits Transfer (EBT); increase awareness of farmer's markets/food cooperatives/community supported agriculture (CSA) programs, especially for vulnerable populations.
SHCIP	2. Develop a state policy and procurement criteria for purchase and provision of healthy, locally grown food by all state agencies, including vending machines in state buildings.
ALL	3. Develop a plan to eliminate food deserts in Delaware, especially in rural areas.
ALL	4. Model and adopt policies and best practices such as those developed by the Philly Food Trust to support availability of healthy foods.
ALL	5. Work with the food industry including food processors, distributors, growers, and retailers in the state and region to improve the nutritional quality of commercially available foods and beverages.

3.3 - Reducing Obesity Rates

SHCIP	1. Offer routine educational opportunities at doctor's visits to parents and patients on recommendations and best practices in the areas of healthy eating, physical activity, reduced screen time, and breastfeeding, especially for families at risk for obesity.
ALL	2. Increase the proportion of children and adults who eat five or more servings of fruits and vegetables daily by 10 percent.
ALL	3. Increase the proportion of children and adults who engage in regular physical activity (moderate physical activity for 150 minutes/week, or rigorous physical activity for 75 minutes/week) by 10%.
ALL	4. Increase social media marketing campaigns and communications to disseminate information about nutrition, healthy eating, physical activity, and healthy lifestyles to the population.
ALL	5. Increase number of schools that implement evidence-based programs that promote healthy eating and physical activity.
ALL	6. Increase number of schools that provide at least 150 minutes/week of a combination of physical education/physical activity to all students.
ALL	7. Reduce the proportion of children and adults who are obese by 10 percent.

3.4 - Improving Children's Health

ALL	1. Ensure that existing national Child and Adult Care Food Program (CACFP) and State Office of Child Care Licensing regulations are implemented and sustained throughout Delaware.
ALL	2. Ensure children receive quality health education, nutrition education, and physical education in schools.
ALL	3. Ensure children in schools and child care have access to healthy foods and beverages and opportunities for physical activity.
ALL	4. Improve early detection and treatment of developmental and behavioral problems in children through Help Me Grow program initiatives.

3.5 - Smoking Prevention and Cessation	
SHIP	1. Decrease the social acceptability of tobacco use.
SHIP	2. Enforce existing policies prohibiting tobacco use on school property and at school-related events; sustain and enforce Delaware Clean Indoor Air Act.
SHIP	3. Increase excise tax on cigarettes to be comparable to bordering states by 2015.
SHIP	4. Increase the number of elementary and secondary schools that implement an evidence-based substance use prevention program that includes tobacco.
SHIP	5. Increase the number of health care providers and institutions that adopt and follow the U.S. Public Health Service's <i>Treating Tobacco Use and Dependence Clinical Practice Guideline</i> .
SHIP	6. Increase the number of indoor/outdoor locations and events that are declared and enforced as tobacco-free zones.
SHIP	7. Maintain or exceed the current level of law enforcement (97 percent) on the sale of tobacco to minors through 2015.
SHIP	8. Make all state offices and college/university campuses smoke-free zones.
SHIP	9. Provide and publicize evaluation of the Plan for a Tobacco-Free Delaware.
SHIP	10. Provide leadership to leverage statewide coalitions that are aligned with disparate target groups to advocate and promote tobacco prevention programs.
SHIP	11. Reduce exposure to secondhand smoke.
ALL	12. Create additional marketing campaigns geared toward disparate populations, including social media marketing campaigns and counter-marketing campaigns to offset tobacco industry marketing; ensure messages are culturally competent and relevant to target audiences.
ALL	13. Enhance Delaware's position of leadership in comprehensive tobacco prevention and control.
ALL	14. Ensure public and private resources are available to provide quality innovative and comprehensive approaches to tobacco control.
ALL	15. Increase insurance coverage for participation in comprehensive tobacco cessation programs, and ensure accessibility and availability of alternate formats of smoking cessation materials for the population with disabilities.
ALL	16. Increase quitting and quit attempts among tobacco users; increase the number of tobacco users who receive or use cessation services.
ALL	17. Prevent the initiation of tobacco use among Delawareans.
ALL	18. By 2015 reduce lifetime tobacco use among middle school aged youth from 23.3 to 15.7 percent.
ALL	19. Reduce past month cigarette use by middle school aged children (from 6.4 to 3.8 percent) and high school aged youth (from 14.9 to 11.3 percent).
ALL	20. Reduce past month cigarette use by young adults age 18–24 by 10 percent.
ALL	21. Restore tobacco prevention funding to CDC-recommended levels.
ALL	22. Use evaluation and surveillance data to identify disparities and knowledge gaps so targeted messages and programs can be developed to reduce those disparities.

3.6 - Diabetes Care Management	
SHCIP	1. Develop universal standards of care for diabetes patients.
SHCIP	2. Expand lab vouchers program for uninsured/underinsured Delaware residents.
SHCIP	3. Expand funding and reach of Emergency Medical Diabetes Fund (EMDF) to provide diabetes care services for high-risk uninsured/underinsured population.
SHCIP	4. Increase blood pressure testing and provide educational materials to manage diabetes and hypertension to patients with both conditions; increase proportion of diabetic population who have their blood pressure under control by 10 percent.
SHCIP	5. Increase early detection programs, especially among high-risk populations.
SHCIP	6. Increase number and reach of Certified Diabetes Educators.
SHCIP	7. Increase number of diabetes patients participating in educational programs by 10 percent.
SHCIP	8. Increase number of diabetics who visit the dentist annually by 10 percent.
SHCIP	9. Reduce annual number of limb amputations for diagnosed and undiagnosed diabetics.
ALL	10. Promote educational programs to increase diabetes awareness and preventive strategies (e.g. exercise and healthy eating).
ALL	11. Reduce annual number of new diabetes cases diagnosed in population by 10 percent.

Issues 4-6 were ranked as Priority Category Two.

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 Delawareans?

SHCIP	1. Address resource allocation where there are overlapping service offerings and work with stakeholder organizations to focus on their strengths.
SHCIP	2. Promote continuing education and follow-up with providers who refer patients to community health services (similar to Help Me Grow model).
SHCIP	3. Educate providers about existing community health programs, especially those geared towards the populations they serve.
SHCIP	4. Facilitate connections between stakeholder organizations, possibly through DPH-created website or web-based forum.
SHCIP	5. Implement standardized electronic health records (EHRs) across state so that all hospitals, health systems, providers, and community health organizations have current and complete health information on patients.
ALL	6. Organize existing public health service guides into single, easy-to-navigate resources for patients and providers.
DPH	7. Perform asset mapping to identify service gaps across the state, as well as overlapping service offerings and potential opportunities for growth in the public health care system.
DPH	8. Expand/develop transportation programs to increase access to health services for rural and other underserved populations.
DPH	9. Improve navigability of the DPH website and update the site frequently so information is always up-to-date.

Strategic Issue 5

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

SHCIP	1. Improve access to health insurance so that 100 percent of adults in Delaware are insured.
SHCIP	2. Increase percentage of people with a usual primary care provider or specific source of ongoing care (medical homes) by 10 percent.
SHCIP	3. Expand capacity for mobile treatment facilities/telemedicine/home visiting programs to reach populations with limited access to health services, especially rural and undocumented populations in Sussex County.
SHCIP	4. Increase attraction and retention efforts for medical providers (especially physicians) in state, especially in Kent and Sussex Counties.
SHCIP	5. Expand tiered licensing programs for mental health providers and State Loan Repayment Program for all health professionals to incentivize providers to practice in Delaware.
SHCIP	6. Expand service offerings at school-based wellness centers.
SHCIP	7. Develop and disseminate educational programs for providers to increase cultural competency.
SHCIP	8. Translate all literature into Spanish (and other languages as needed) and make sure most/all facilities have providers on-site who speak Spanish or have resources to call a translation service.
SHCIP	9. Coordinate Medicare/Medicaid/Delaware Healthy Children Program (CHIP) enrollment for seniors and low-income residents; expand reach of Delaware Health Care Commission (i.e. an insurance exchange or 'one-stop shop' for publicly subsidized health coverage.)
SHCIP	10. Create and support call centers for insurance exchange.
SHCIP	11. Develop multiple channels (e.g. web, phone, mail, walk-in) to enable people to shop for insurance, compare health plans, and enroll in coverage.
SHCIP	12. Rate health plans and offer decision-support tools to assist consumers.
SHCIP	13. Improve access to dental insurance so that 100 percent of adults and kids in Delaware have coverage.

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

SHCIP	1. Educate providers on unique treatment needs of an aging population.
SHCIP	2. Improve coordination of care/establish medical homes for population.
SHCIP	3. Increase percentage of health care workers (including RNs, MDs, physical therapists, etc.) certified to work with the geriatric population by 10 percent.
SHCIP	4. Provide incentives for more gerontology, palliative care, and nursing home providers to set up their practices in Delaware.
SHCIP	5. Perform utilization review of long-term care facility, nursing home, and hospice bed needs; and going forward, increase the number of available beds across the state as the population ages.
ALL	6. Improve physical and mental health among the elderly by developing targeted healthy lifestyle educational materials and programs.
ALL	7. Increase percentage of population age 65 and over who are up-to-date on a core set of clinical preventive services by 10 percent.
ALL	8. Increase rates of cancer screenings and preventable illness screenings (e.g., diabetes) among the aging population.
ALL	9. Increase the percentage of the elderly population getting an annual flu vaccine by 10 percent.
ALL	10. Provide transportation services to hospitals/community-based health centers for preventive care.

Issues 7-10 were ranked as Priority Category Three.

Strategic Issue 7 How can county stakeholders encourage civic engagement and responsibility to improve public safety and the environmental health of their communities?	
SHIP	1. Develop communities where people have opportunities and motivation to lead safer and healthier lives.
SHIP	2. Ensure physical environment in Delaware is compliant with the ADA, and maximize access for all residents by promoting “universal design” (designing buildings, public spaces and programs to be usable by the greatest number of people).
SHIP	3. Expand trail system to meet the needs of hikers, cyclists, pedestrians, etc. through Fort DuPont Complex, Thompson Island Trail, White Clay Creek, and Assawoman Canal expansion and development projects.
SHIP	4. Fully implement the Complete Streets policy (streets for everyone: pedestrians, cyclists, motorists, and transit riders regardless of age, ability, or mode of transportation) statewide.
SHIP	5. Improve the built environment with jogging paths, community gardens, murals, etc. in urban areas.
SHIP	6. Improve the physical environment, including public transportation, throughout Delaware to improve opportunities for safe physical activity.
SHIP	7. Increase the percentage of people commuting to work by public transportation by 10 percent.
SHIP	8. Work with communities and all levels of government including law enforcement to ensure safe and accessible opportunities for physical activity throughout the state.
ALL	9. Develop and implement statewide policy and strategy that supports healthy communities in Delaware by 2014.
ALL	10. Include Health Impact Analyses when developing new infrastructure projects throughout the state; develop incentives for communities to include health promotion in comprehensive plans; and develop The Healthy Community Award to recognize communities taking action to improve health.

Strategic Issue 8

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

SHCIP	1. Expand Delaware State Loan Repayment Program to offer loan repayment incentives to health professionals who commit to practicing in medically underserved areas in Delaware.
SHCIP	2. Expand partnership with Thomas Jefferson School of Medicine in Pennsylvania to increase residency program offerings in Delaware. (Thomas Jefferson already has a relationship with the Delaware Institute for Medical Education and Research to buy/hold medical school slots for Delaware graduates and their psychiatry residents to train at the Delaware Psychiatric Center.)
SHCIP	3. Potentially engage other regional medical schools in similar partnerships.
SHCIP	4. Improve health provider recruitment.
ALL	5. Increase workforce retention for existing providers.
DPH	6. Perform Asset mapping to identify areas with significant service access gaps and lowest rates of provider coverage [assigned to DPH in SHCIP Plan].

Strategic Issue 9

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

Strategic Issue 10

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

SHCIP	1. Develop and disseminate educational programs for providers to increase cultural competency.
SHCIP	2. Encourage healthy habits during pregnancy through educational programs and materials to lower preterm birth rates and infant mortality rates.
SHCIP	3. Expand home visiting services to pregnant women through existing grant programs to reach high-risk, hard-to-engage, and rural populations.
SHCIP	4. Improve early detection and treatment of HIV and AIDS.
SHCIP	5. Reach HIV-positive Delawareans earlier in the disease process to improve health outcomes; ensure continuous care for HIV/AIDS patients – especially at Infectious Disease Wellness Clinics; and reduce number of patients that received no care the previous year.
SHCIP	6. Provide regular diabetes testing for high-risk patients.
SHCIP	7. Translate all literature into Spanish (and other languages as needed); make sure most/all facilities have providers on-site who speak Spanish, or have resources to call a translation service.
ALL	8. Disseminate Be Proud! Be Responsible! and Making Proud Choices! curricula to schools/community organizations to reduce teen/young adult pregnancy rates.
ALL	9. Educate parents on breadth of services offered in school-based wellness centers and the importance of providing permission for their children to utilize them.
ALL	10. Educational programs in schools/school-based wellness centers/community health centers on appropriate condom use to reduce rates of STI/HIV infection and pregnancy rates.
ALL	11. Encourage breastfeeding by providing lactation support and access to lactation consultants, workplace lactation support groups, and affordable breast pumps.
ALL	12. Expand HIV/AIDS testing services, especially among minority populations.
ALL	13. Expand programs offering low-cost/no-cost contraceptives, especially to teens.
ALL	14. Improve health outcomes through early detection/surveillance.
ALL	15. Increase high school graduation rates for Blacks and Hispanics to close future income and concurrent health outcome gaps.
ALL	16. Increase the percentage of Black and Hispanic women accessing prenatal care early in their pregnancy.
ALL	17. Provide DPH "life plan" materials to the teenage and young adult population.
ALL	18. Reduce number of new HIV diagnoses among adolescents and adults through educational programs, expanded offerings of low-cost/no-cost contraceptives, improved contraception use rates, and reduced rates of injected drug use.
ALL	19. Provide regular cancer screenings (especially for breast cancer and prostate cancer) following national guidelines.