
HEALTH FUND MEETING



OCTOBER 6, 2020

Molly Magarik
Cabinet Secretary
Department of Health and Social Services

AGENDA

- **Welcome and Introductions**
- **Approval of Minutes**
 - October 16, 2019 Meeting
- **Litigation Update**
- **Budget Update**
- **Overview of Delaware Health Trends**
- **Innovation Fund Update**
- **Process for Developing FY 22 Recommendations**
- **Public Comment**
- **Adjournment**





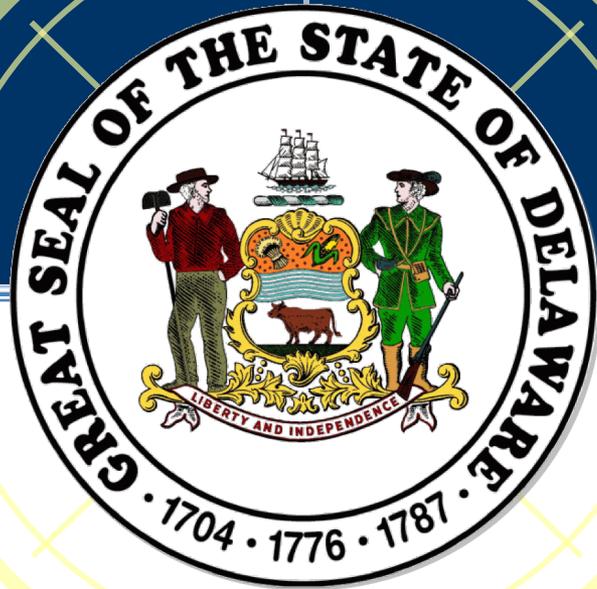
LITIGATION UPDATE

THOMAS BROWN, DEPUTY ATTORNEY GENERAL



FY 22 BUDGET UPDATE

NATHAN ROBY, OFFICE OF MANAGEMENT AND BUDGET (OMB)



State of Delaware Financial Overview

**Health Fund Advisory Committee
October 6, 2020**

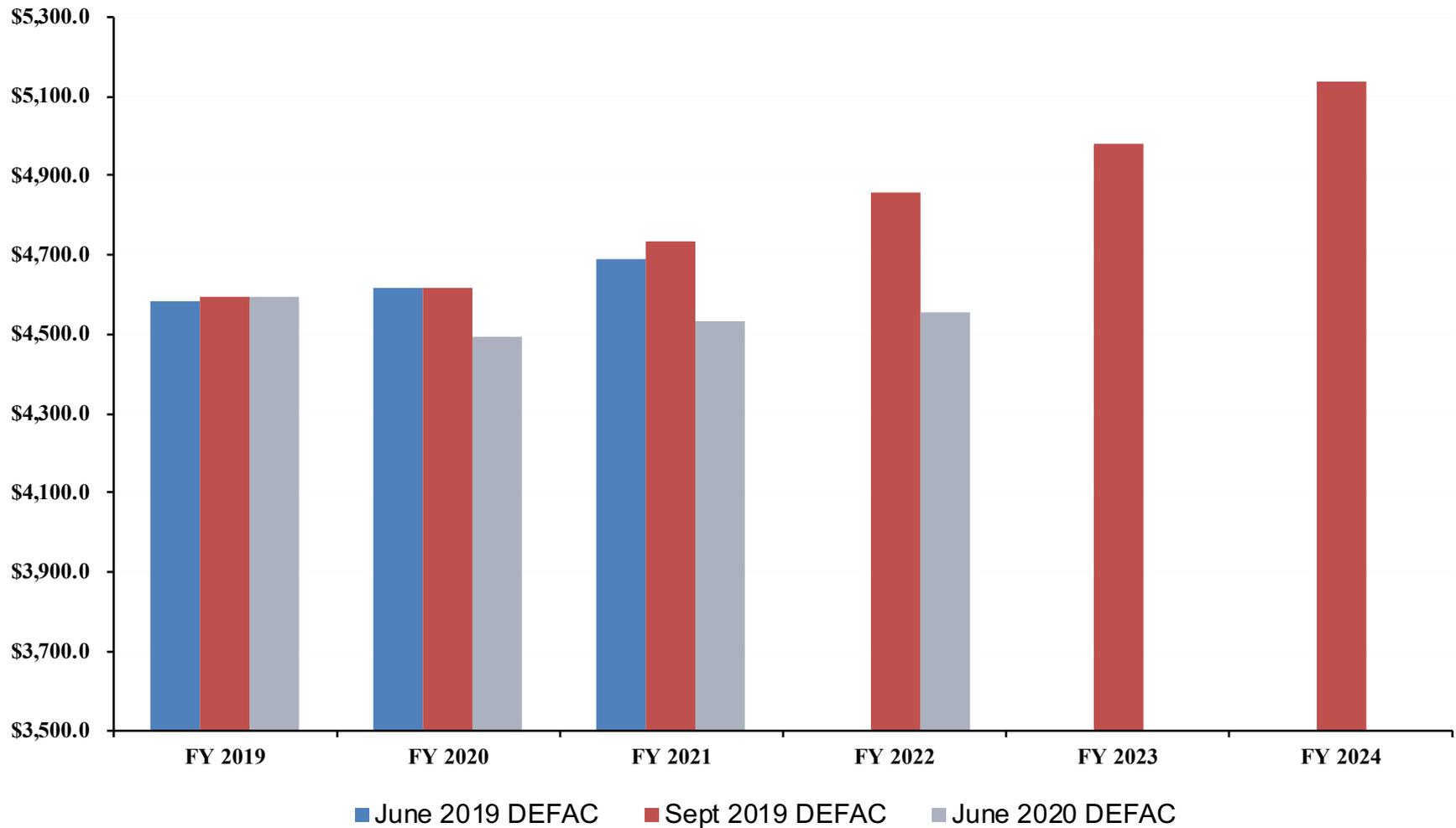
Agenda

- FY 2021 Budget Package Overview
- DEFAC Revenue Forecast
- Cost Drivers
- Spending Limitations
- FY 2022 and What's Next

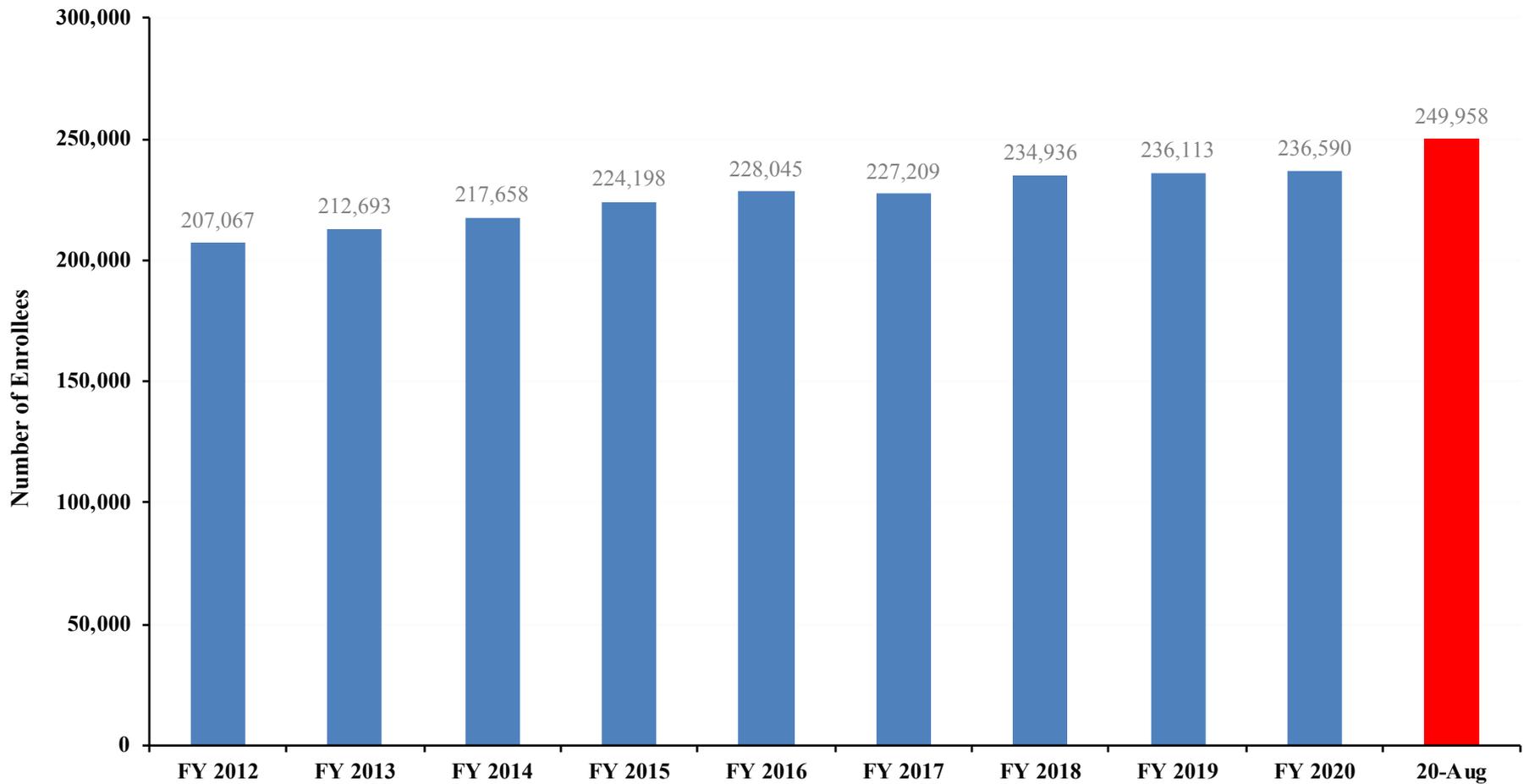
Fiscal Year 2021 Financial Package

- **General Fund Operating Budget.....\$4,547.0 M**
 - GF Operating Budget Growth 2.1% (\$95.1 M)
- **Bond and Capital Improvements Act.....\$708.0 M**
 - State Capital Projects \$344.4 M
 - G.O. Bonds \$227.5 M
 - Cash \$35.4 M
 - Other. \$81.5 M
 - Transportation Authorizations . . . \$363.6 M
- **Grants-In-Aid.....\$54.4 M**
- **One-Time Supplemental.....\$0.0 M**
- **Budget Stabilization Fund*.....\$63.1 M**

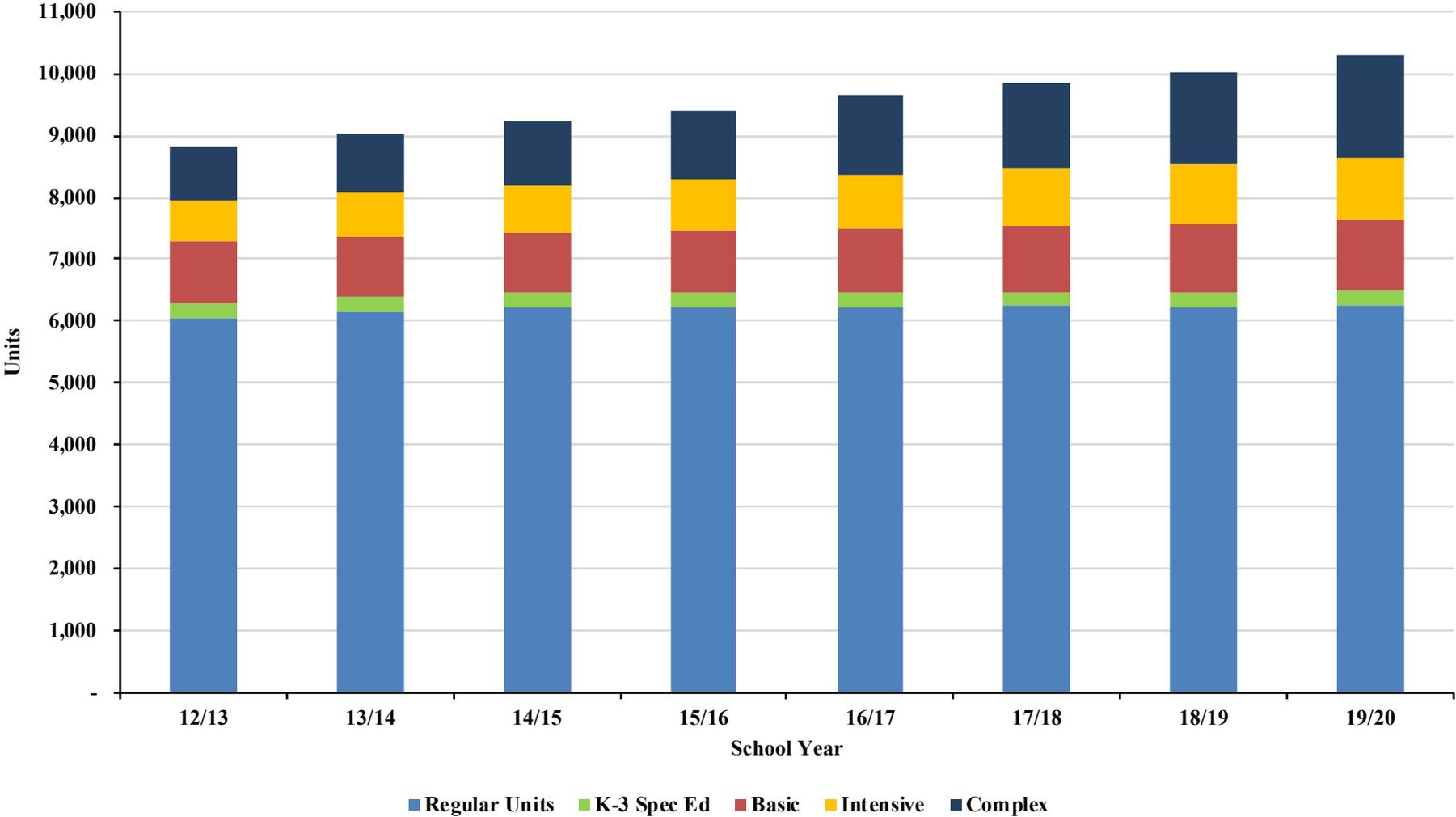
DEFAC: Five Year Revenue Forecast



Cost Drivers: Avg. Enrollment for Medicaid



Cost Drivers: Student Units



Source: September 30th Student Enrollment and Unit Allotment Reports. Figures do not include units earned by Dover Air Force Base.

Spending Limitations

- 98% Appropriation Limit
- 2% Set-Aside
- 5% Rainy Day Fund
- Executive Order 21
 - EO is Non-binding to the General Assembly
- Debt Issuance

DE Constitution Article VIII: <https://delcode.delaware.gov/constitution/index.shtml>

29 Del. Code §7422: <https://delcode.delaware.gov/>

EO 21: <https://governor.delaware.gov/executive-orders/eo21/>

What does this mean for FY 2022?

- Continue with COVID-19 response
- Updated revenue forecast Oct. 19
- Three budgetary issues:
 1. Currently forecasted to have less resources to spend in FY 22 than we have in FY 21.
 2. Mandatory cost increases (Door Openers) estimated at \$150M
 3. BSF is down to \$63.1M.

What's Next?

- October – review of agency budget request submission
- October/November – OMB Public Hearings – Operating and Capital Budget Requests
- December 21, 2020 – DEFAC Meeting
- January 2021 – Governor's Recommended Budgets
- February – JFC Public Hearings – Operating Budget
- February – Bond Bill Public Hearings – Capital Budget
- March – DEFAC
- April – DEFAC
- May – DEFAC
- May – JFC Markup – Operating Budget
- June – DEFAC
- June – Bond Bill Markup – Capital Budget

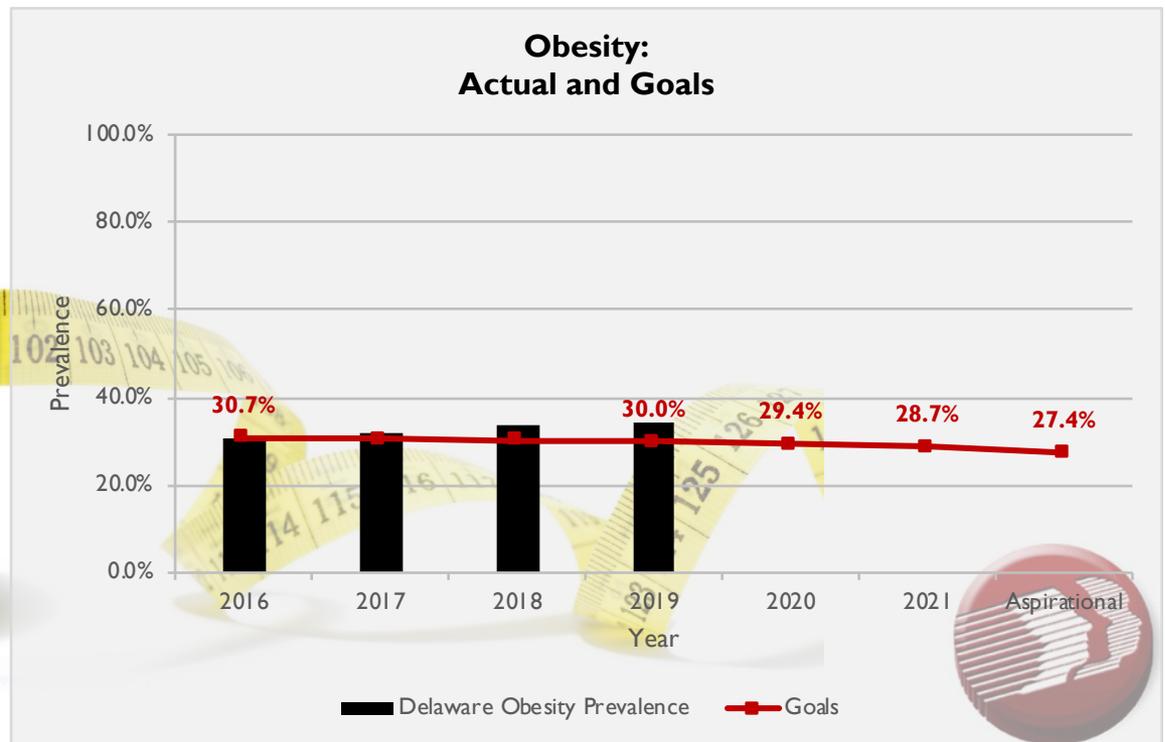
End





OVERVIEW OF DELAWARE HEALTH TRENDS

QUALITY BENCHMARK FOR ADULT OBESITY



*Behavioral Risk Factor Surveillance System, CDC

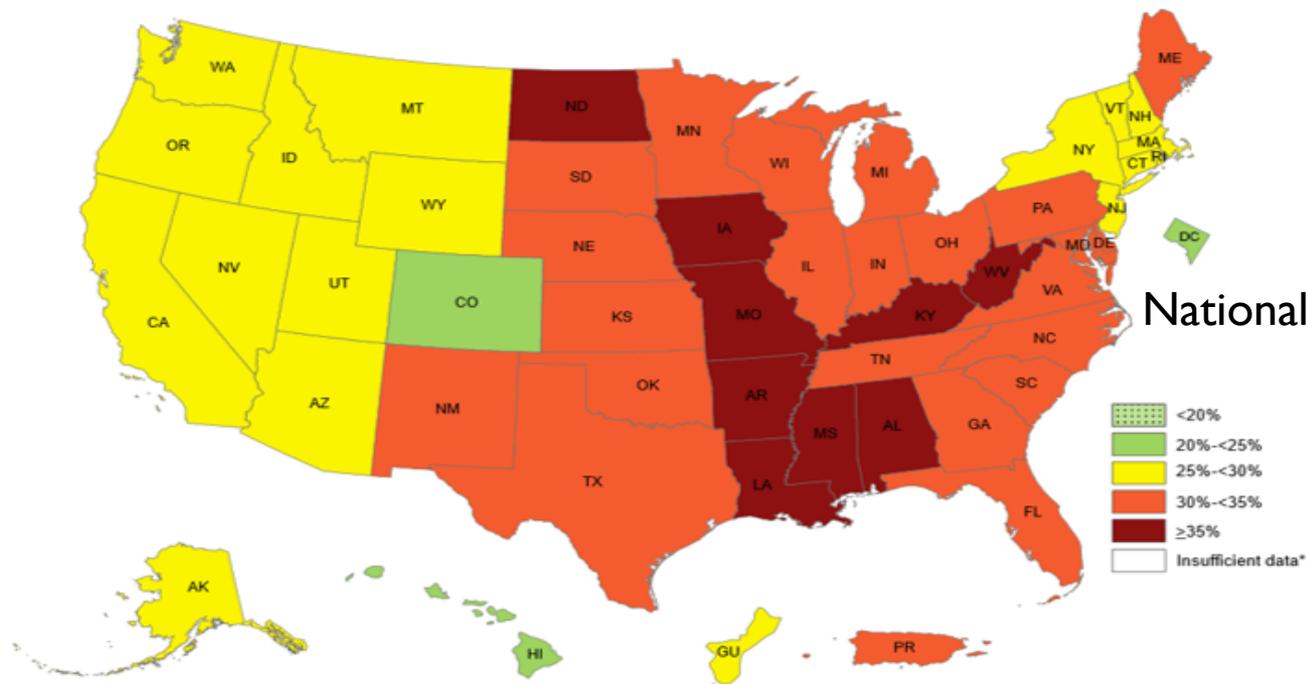
OBSESITY/OVERWEIGHT

- **Obesity:** 21.5 percent of obese Delaware adults have diabetes, compared to 5.7 percent of normal weight Delaware adults.
- **Overweight:** 12.1 percent of overweight Delaware adults have diabetes, compared to 5.7 percent of normal weight Delaware adults.



Prevalence[†] of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2018

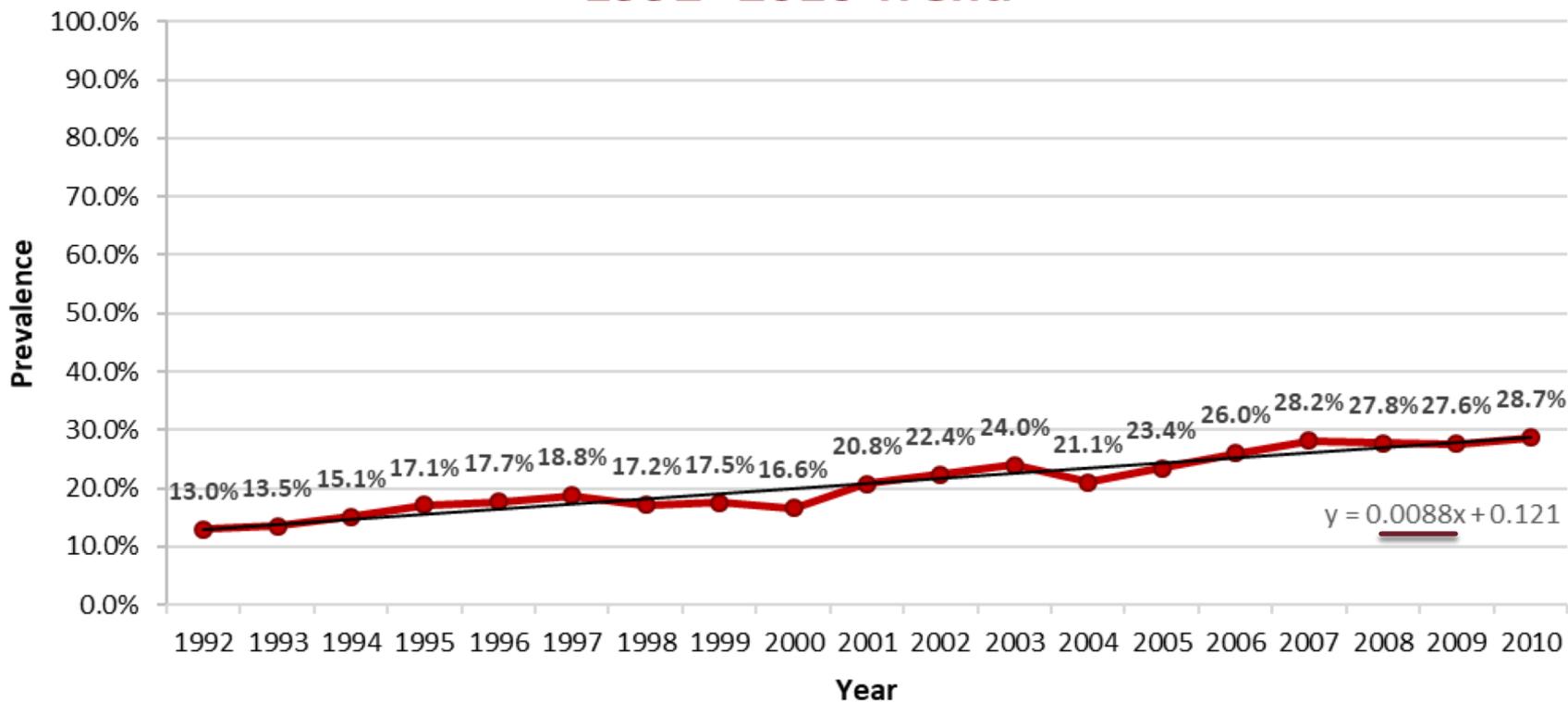
[†] Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.



*Sample size <50 or the relative standard error (dividing the standard error by the prevalence) \geq 30%.



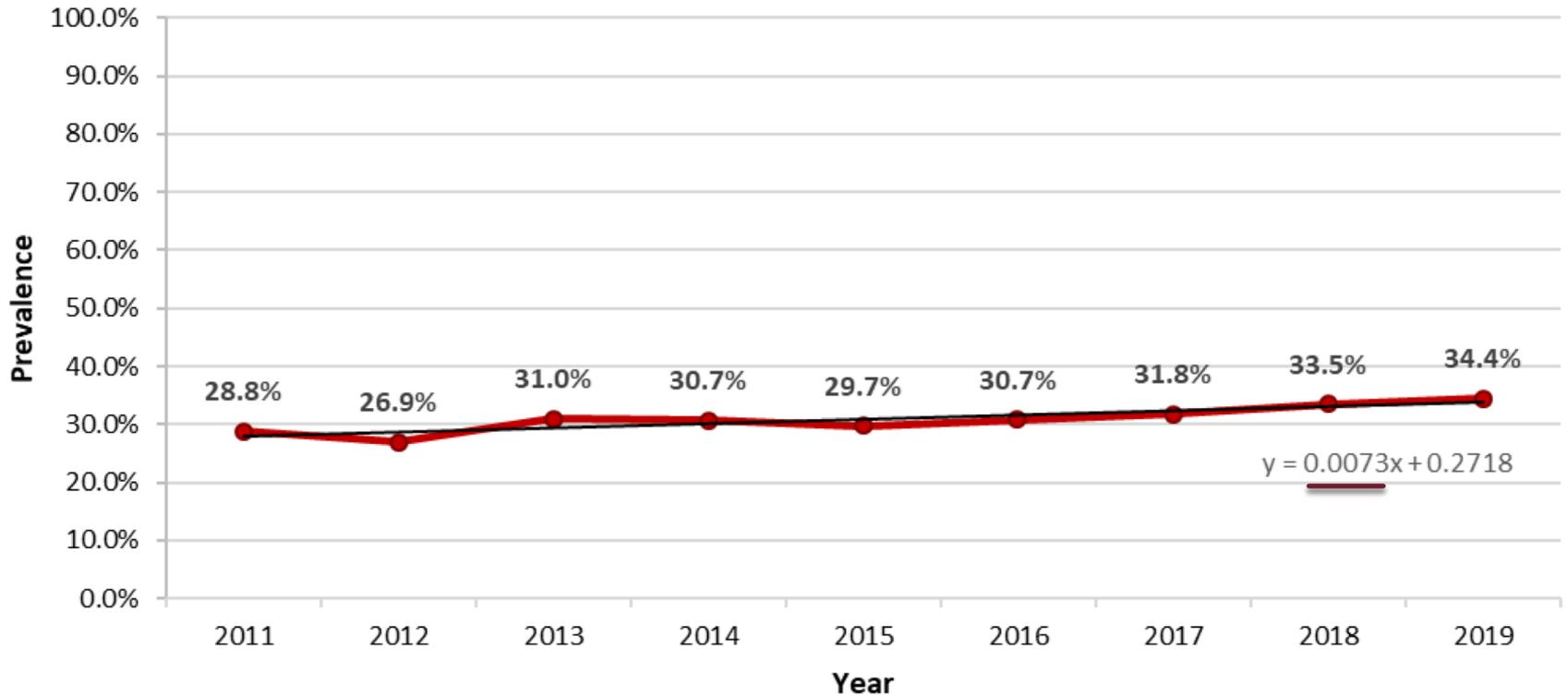
Obesity Among Delaware Adults: 1992 -2010 Trend



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 1992-2010



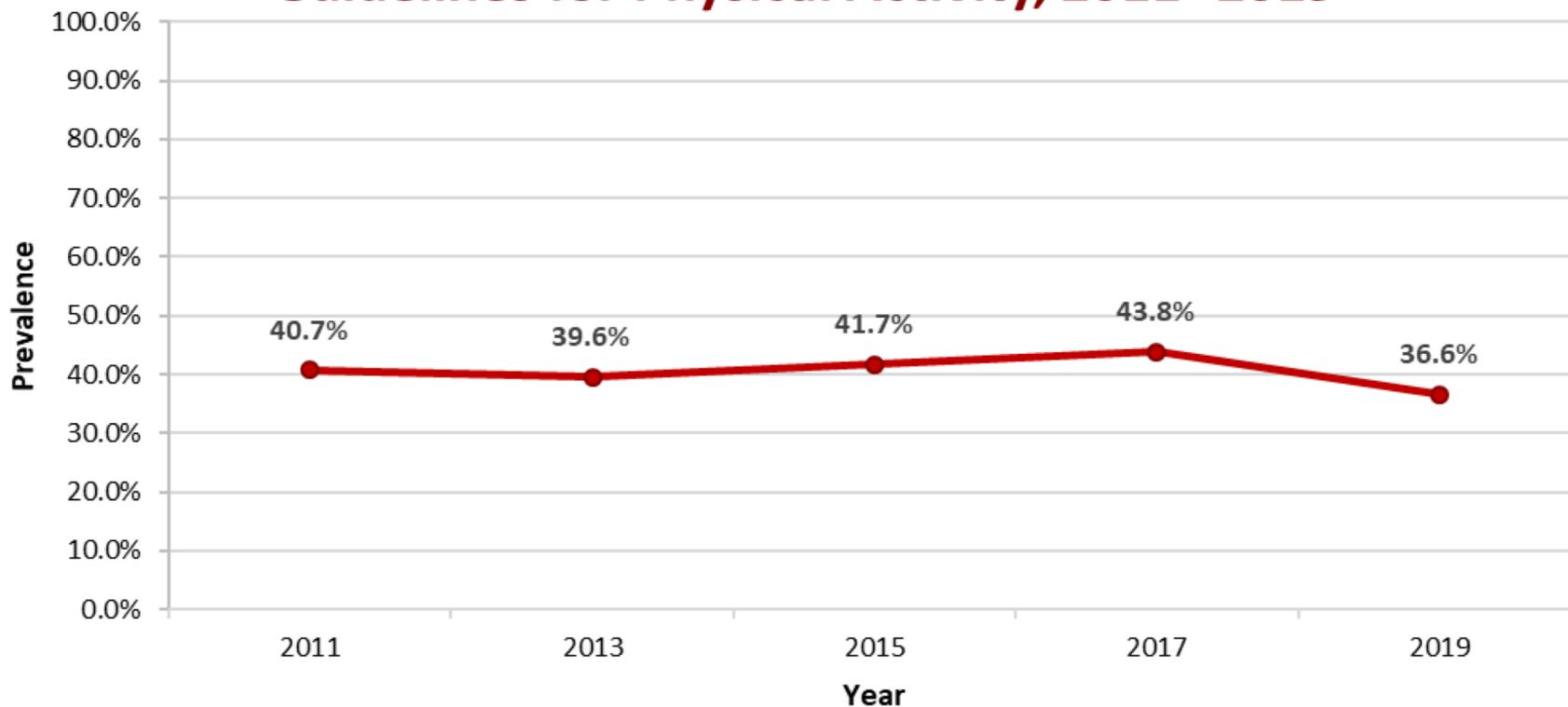
Obesity Among Delaware Adults: 2011 -2019 Trend



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2011-2019



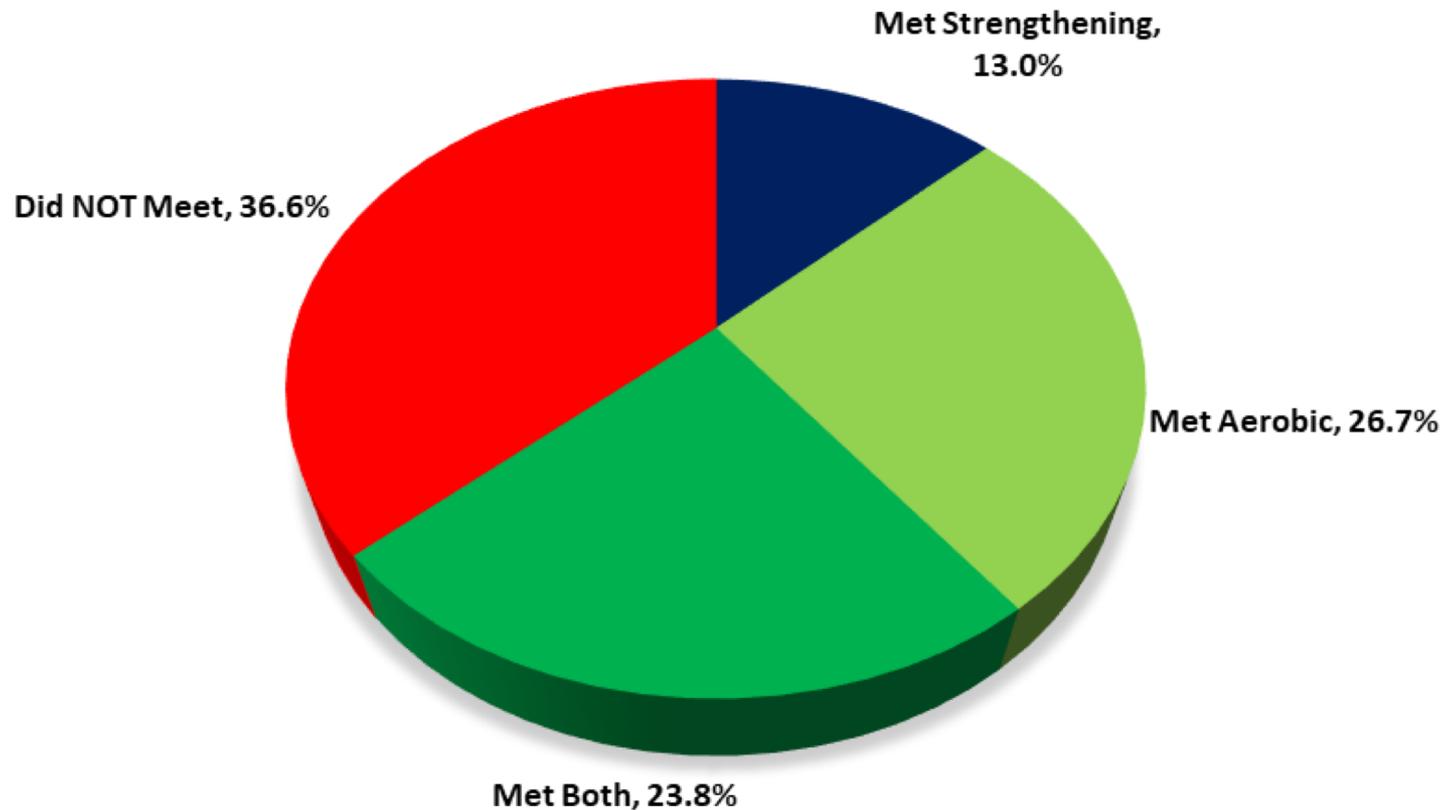
Delaware Adults Who Did *NOT* Meet CDC Guidelines for Physical Activity, 2011 -2019



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2011-2019



Percent of Delaware Adults Who Meet CDC Physical Activity Recommendations, 2019



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2019



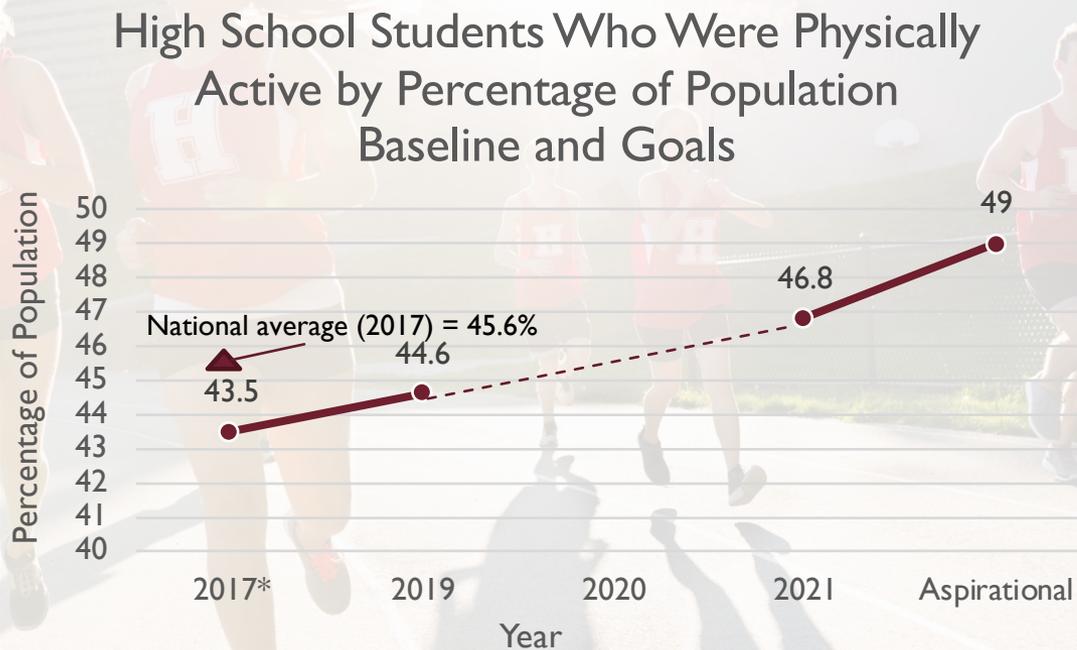
THE COSTS OF OBESITY

- According to the Centers for Disease Control and Prevention, the estimated cost of obesity on the U.S health care system is approximately \$147 billion per year.
- From this study cited by the CDC, medical spending was \$1,429 greater among individuals with obesity compared to normal weight individuals
 - This was a 41.5% difference



Finkelstein EA, Trogon JG, Cohen JW, Dietz W. Annual medical spending attributable to obesity: payer-and service-specific estimates. *Health Aff (Millwood)*. 2009;28(5):w822-w831. doi:10.1377/hlthaff.28.5.w822

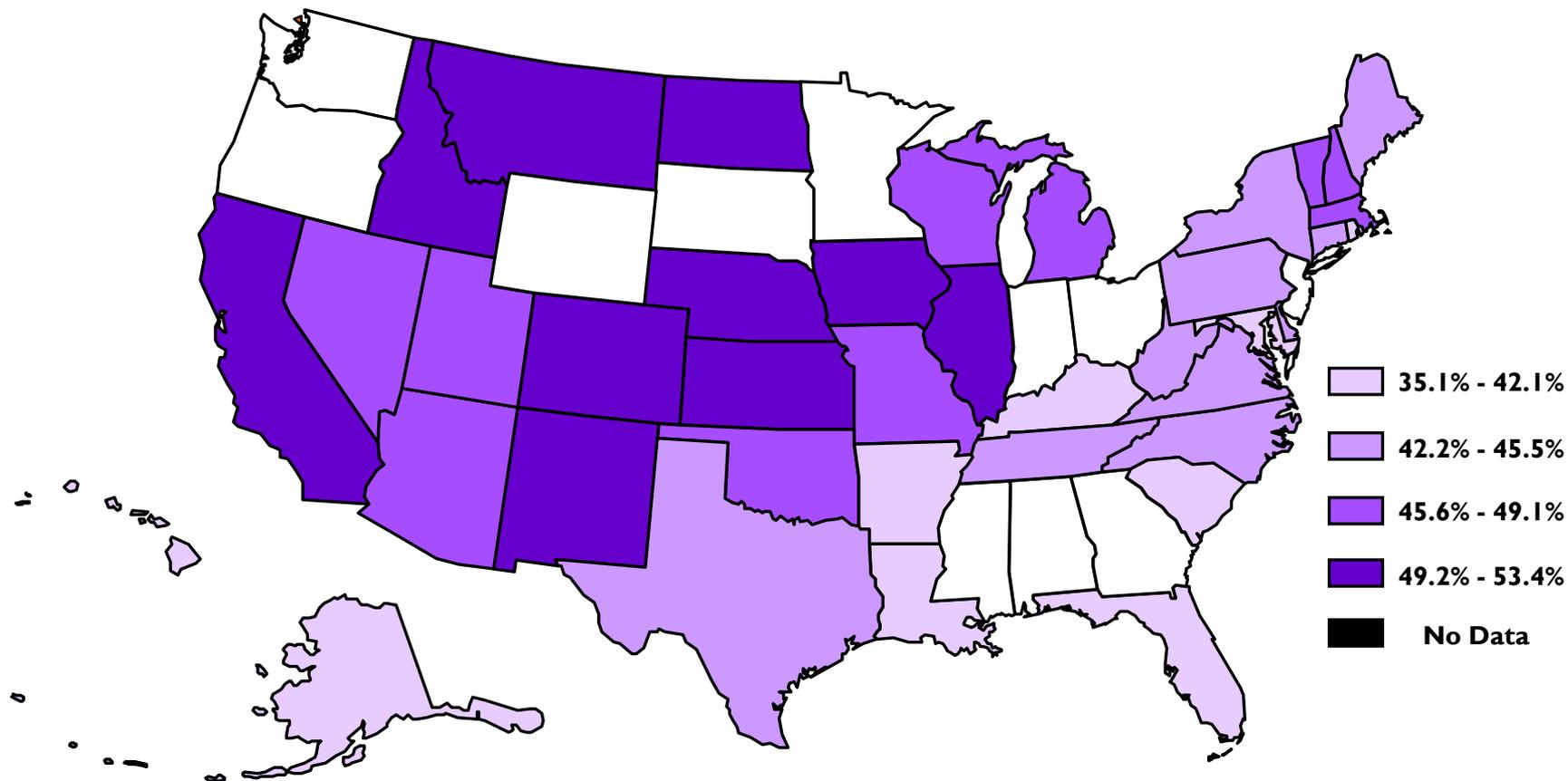
QUALITY BENCHMARK FOR HIGH SCHOOL STUDENTS WHO WERE PHYSICALLY ACTIVE



*Youth Risk Behavior Survey, CDC

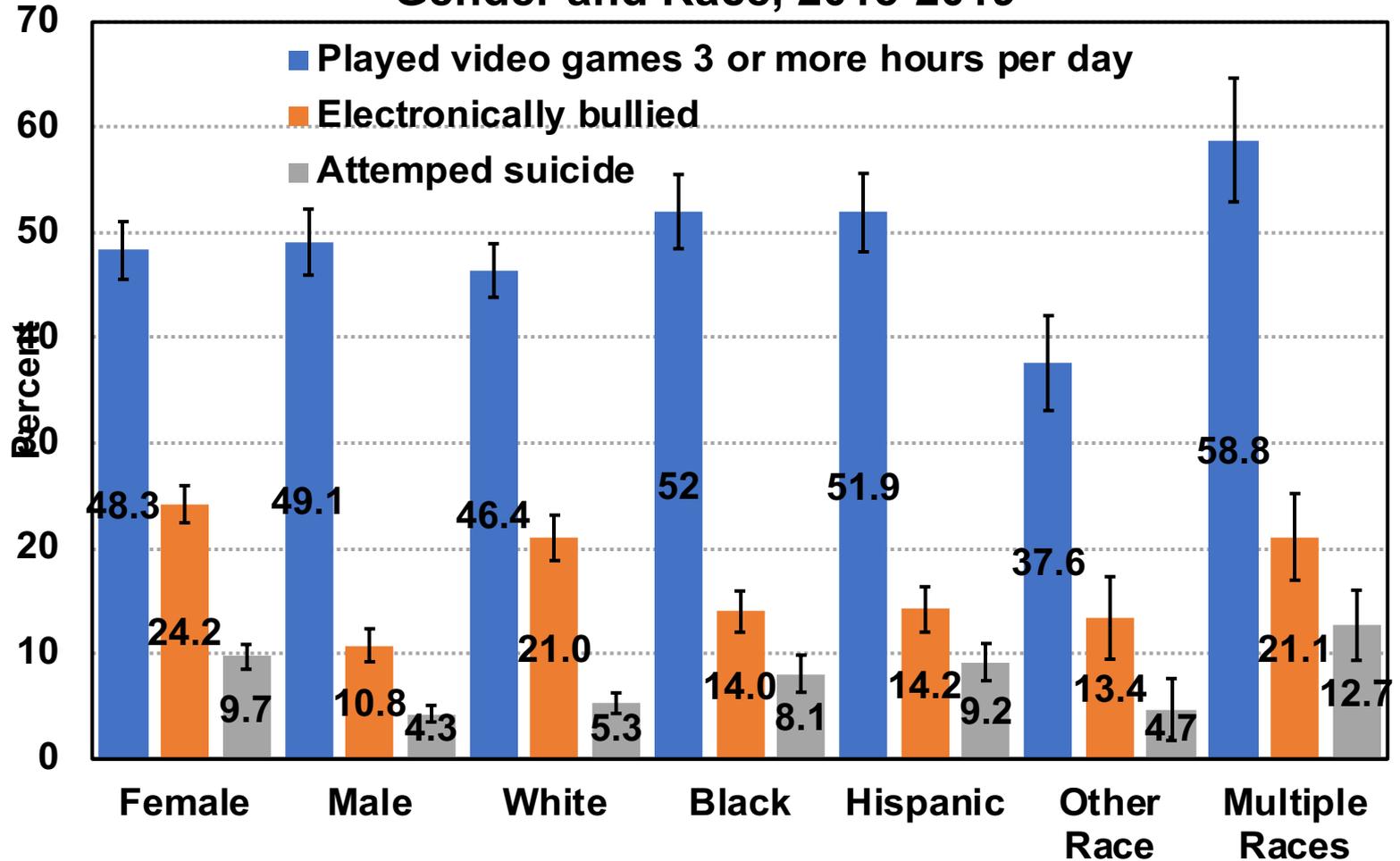
**There is no benchmark for 2020 because there will be no data available to measure performance. The survey serving as the data source is administered by the federal government every other year.

Percentage of High School Students Who Were Physically Active at Least 60 Minutes Per Day on 5 or More Days*

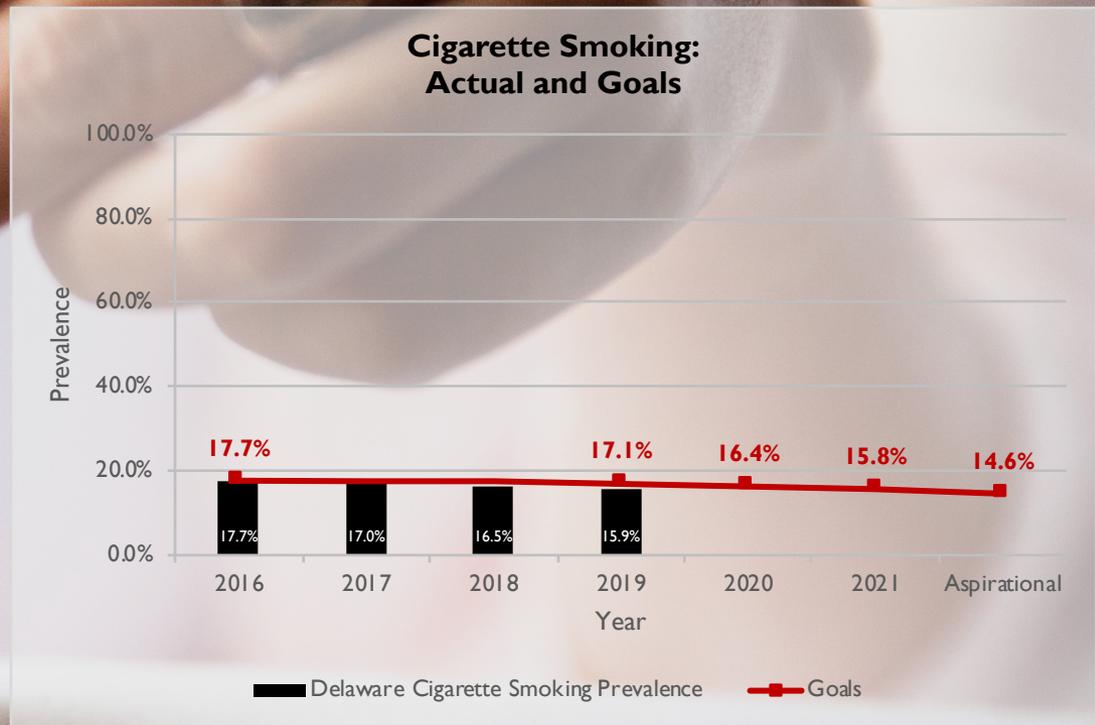


In any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey

Video gaming, electronic bullying, attempted suicide by Middle School Students in Delaware, by Gender and Race, 2015-2019



QUALITY BENCHMARK FOR TOBACCO USE

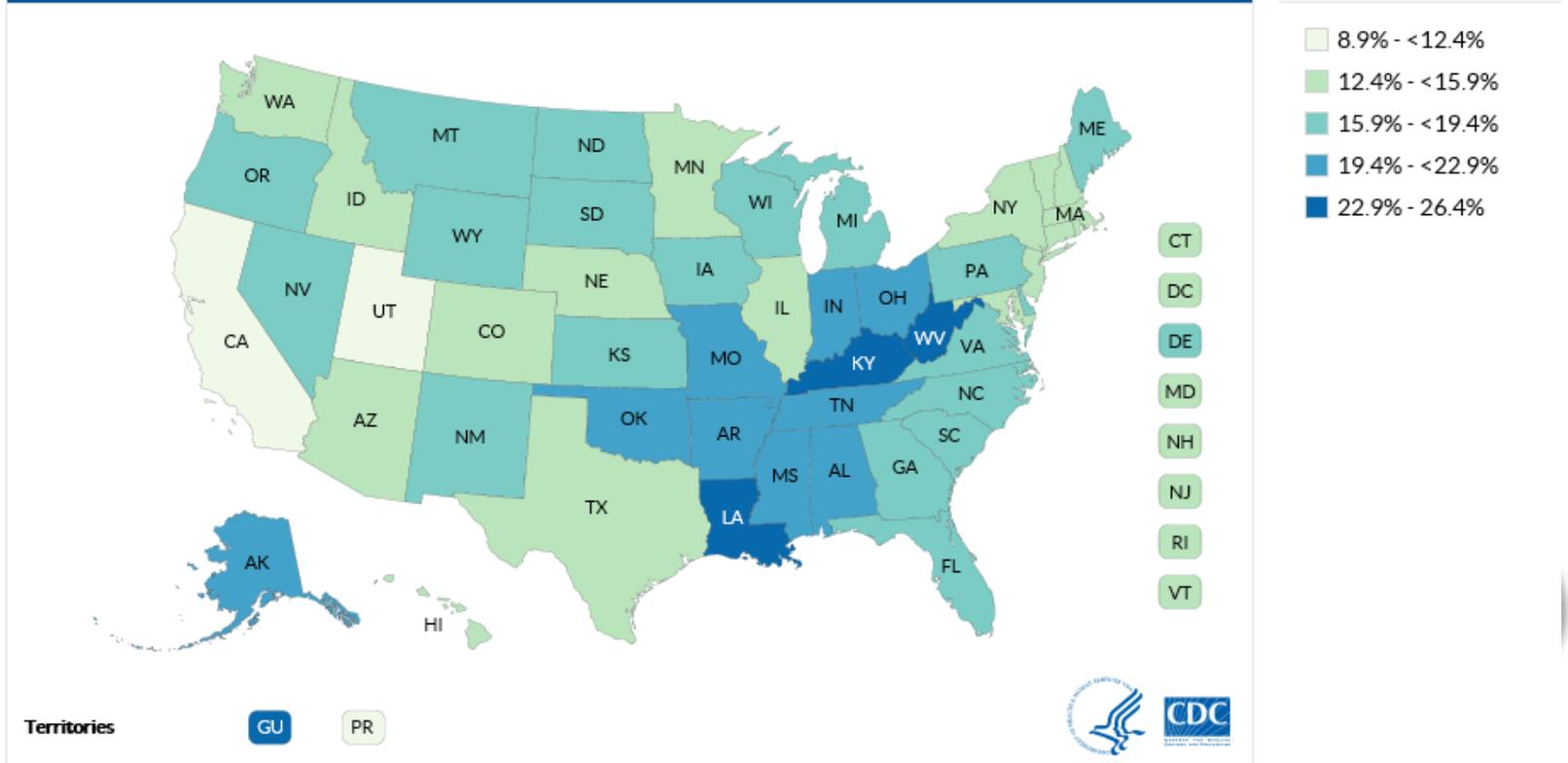


*Behavioral Risk Factor Surveillance System, CDC

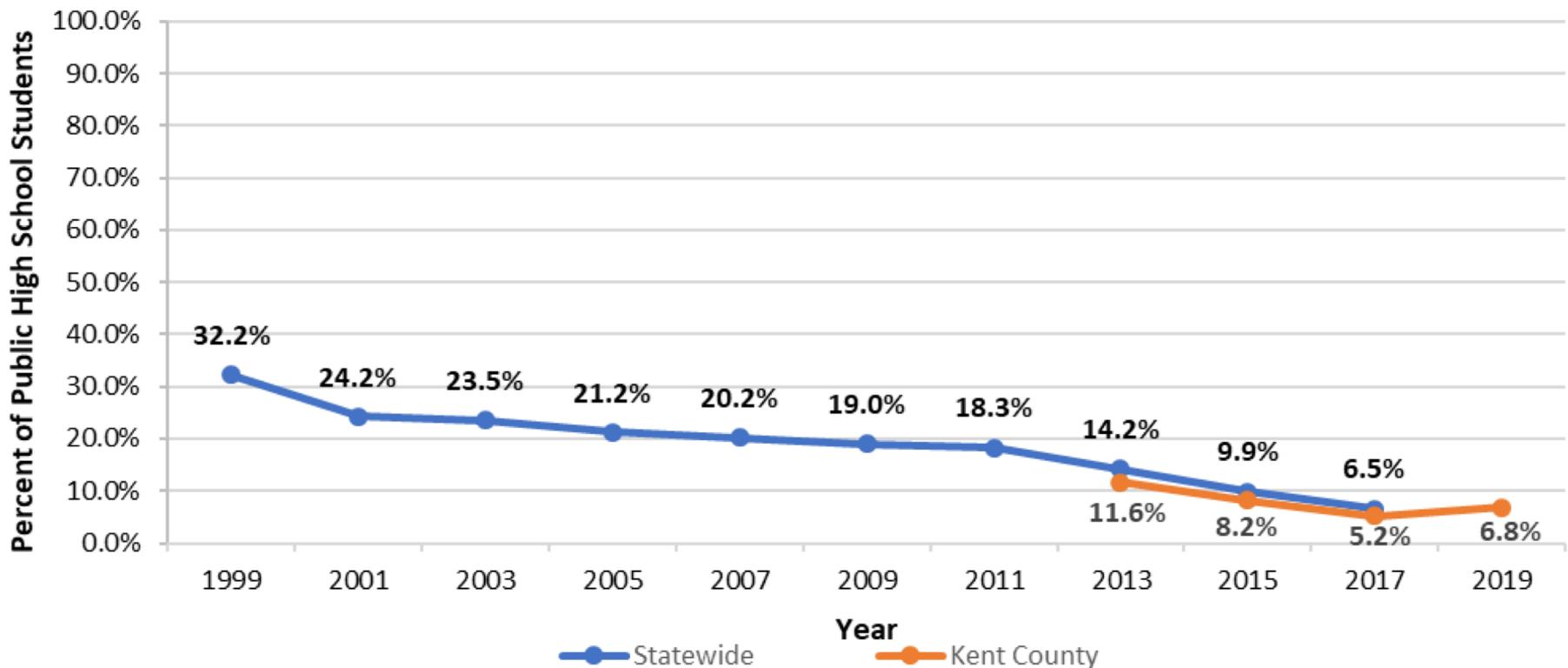
CURRENT CIGARETTE USE AMONG ADULTS

Current Cigarette Use Among Adults (Behavior Risk Factor Surveillance System) 2017

About This Map

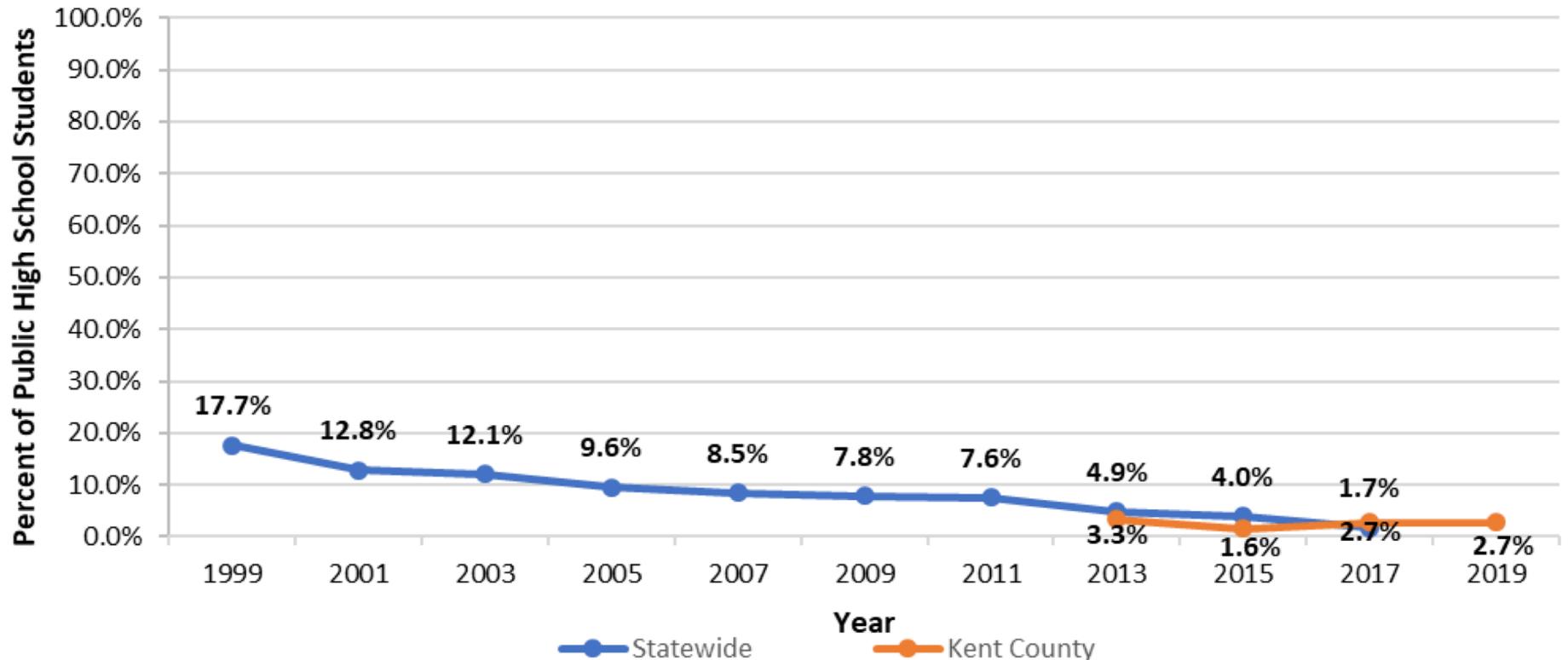


Prevalence Trend of Current Cigarette Smoking Among Delaware High School Students (Smoked 1 or More days in the past 30 Days)



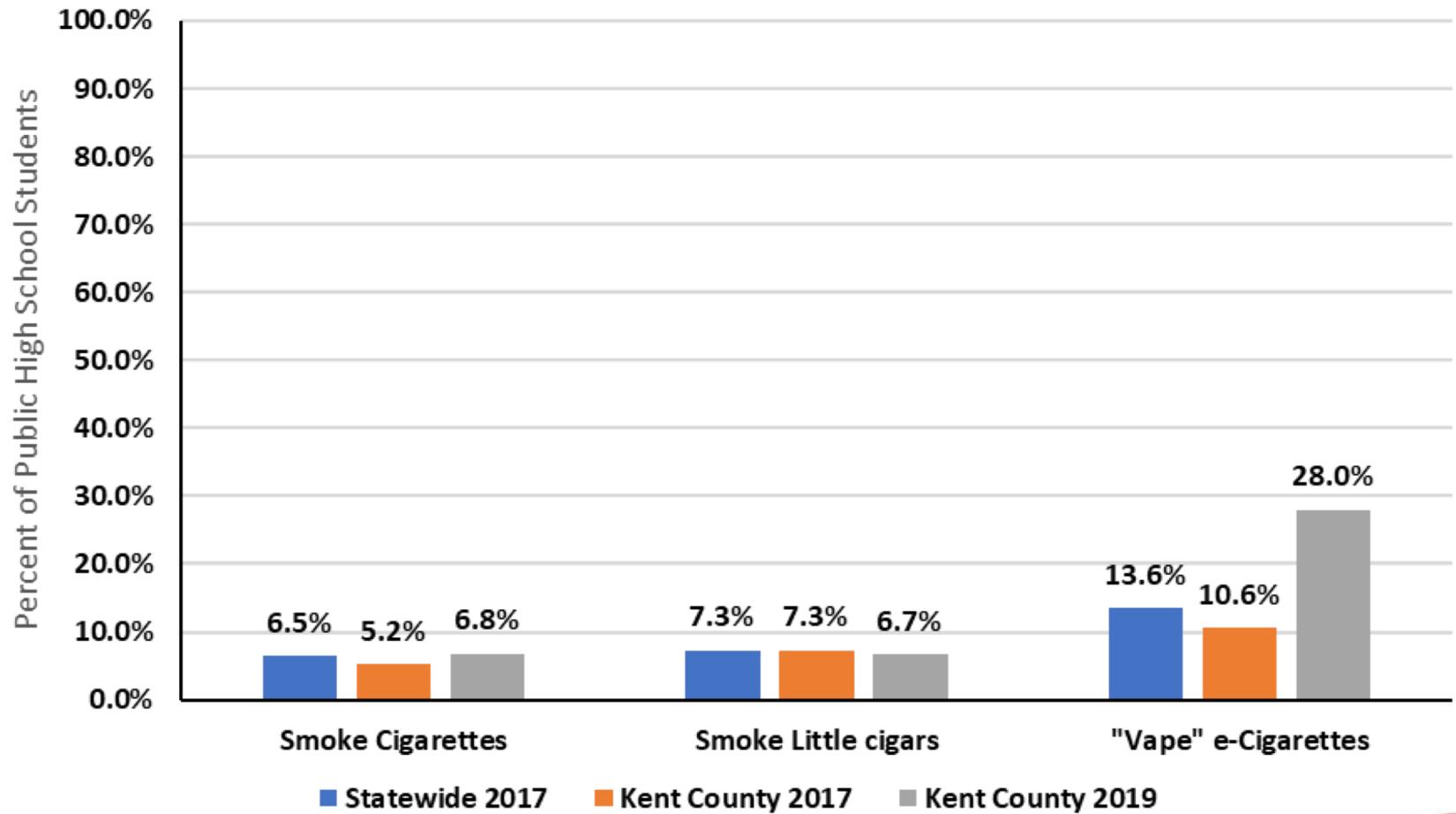
Source: Delaware Health & Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBSS), 1999-2019

Prevalence Trend of Current Cigarette Smoking Among Delaware High School Students (Smoked 20 or More days in the past 30 Days)



Source: Delaware Health & Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBSS), 1999-2019

Comparison of Current Use of Different Tobacco Products, Statewide 2017 and Kent County 2017 and 2019



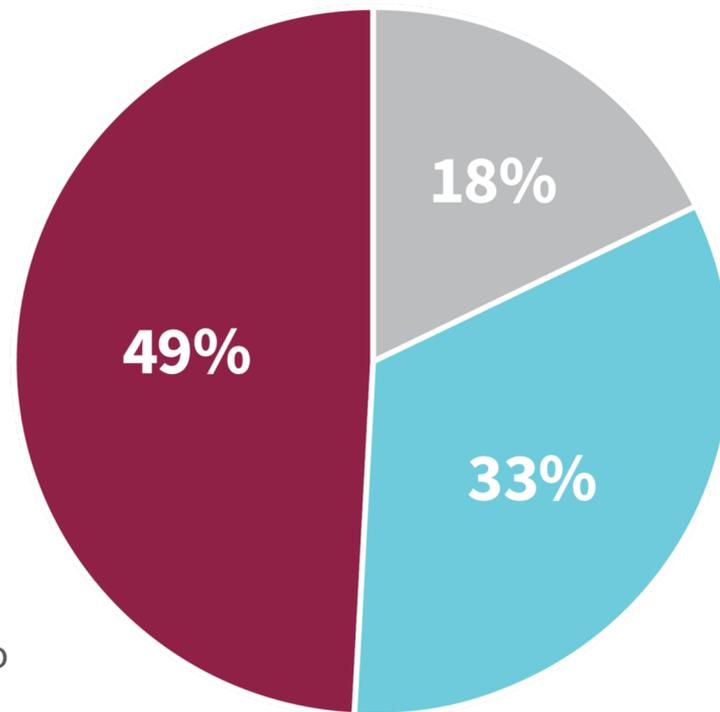
Source: Delaware Health & Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBSS), 2017 & 2019



A STARTLING 82% OF DELAWARE HIGH SCHOOL STUDENTS WHO USE TOBACCO PRODUCTS VAPE.

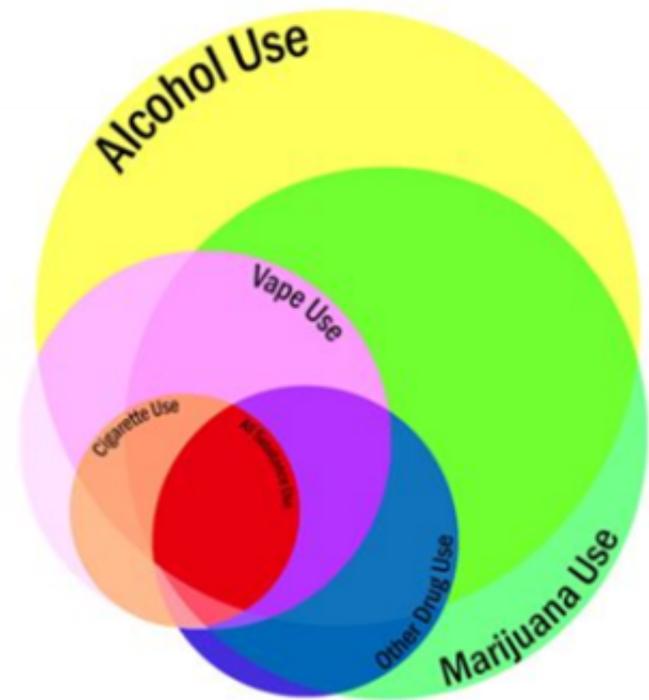
Delaware HS Students Who Use Tobacco Products

- Vape Only
- Vape and Use Other Tobacco Products
- Smoke or Use Other Tobacco Products but Don't Vape



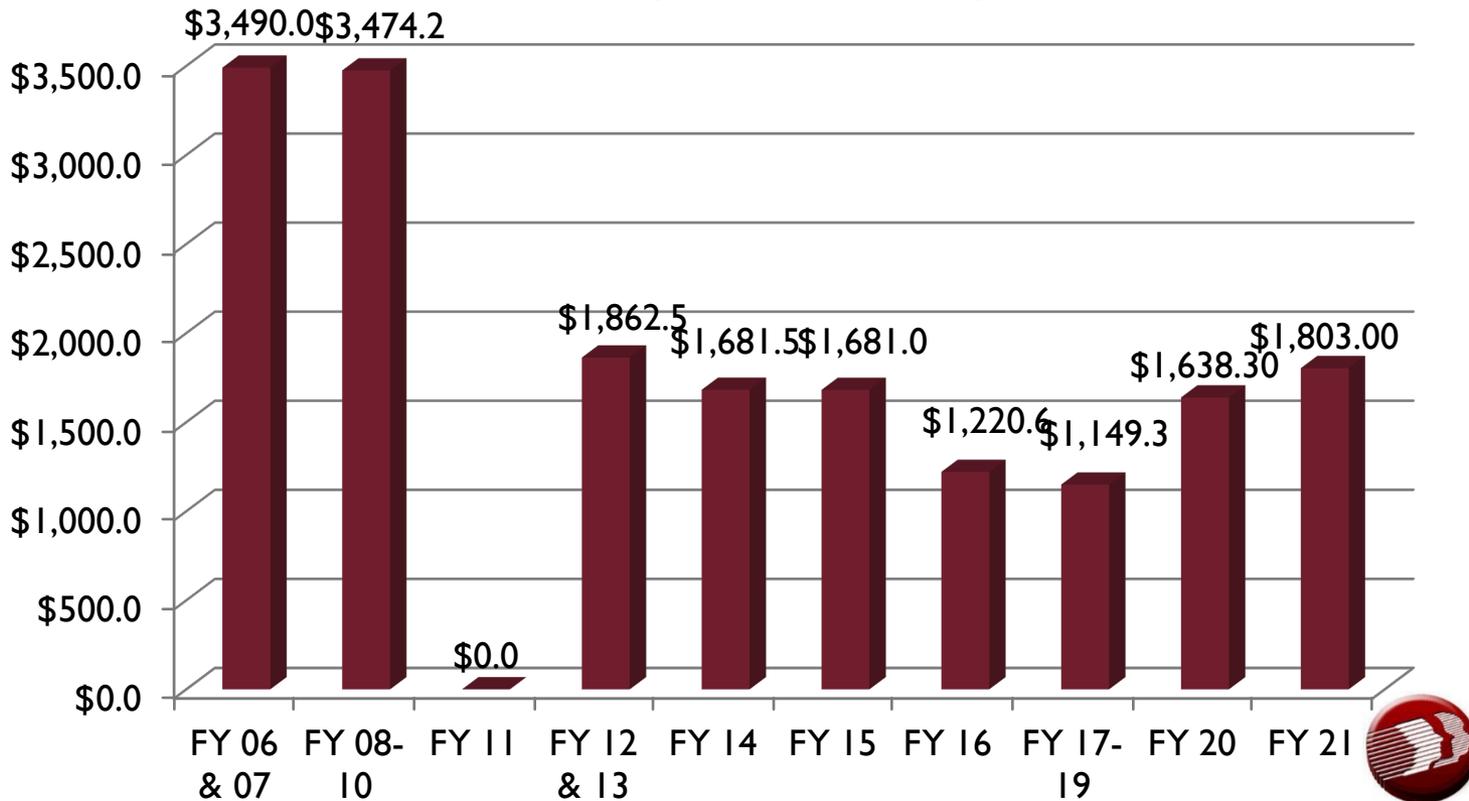
Source, 2018 Delaware Youth Tobacco Survey

Relationship Between Vaping and Other Risk and Protective Factors (including ACEs)



Source: Delaware Journal of Public Health; August 2020, Volume 6, Issue 2B

Division of Public Health Tobacco Settlement Funding from the Delaware Health Fund for Community Based Organizations (Thousands \$)



Does Not Include Personnel Costs

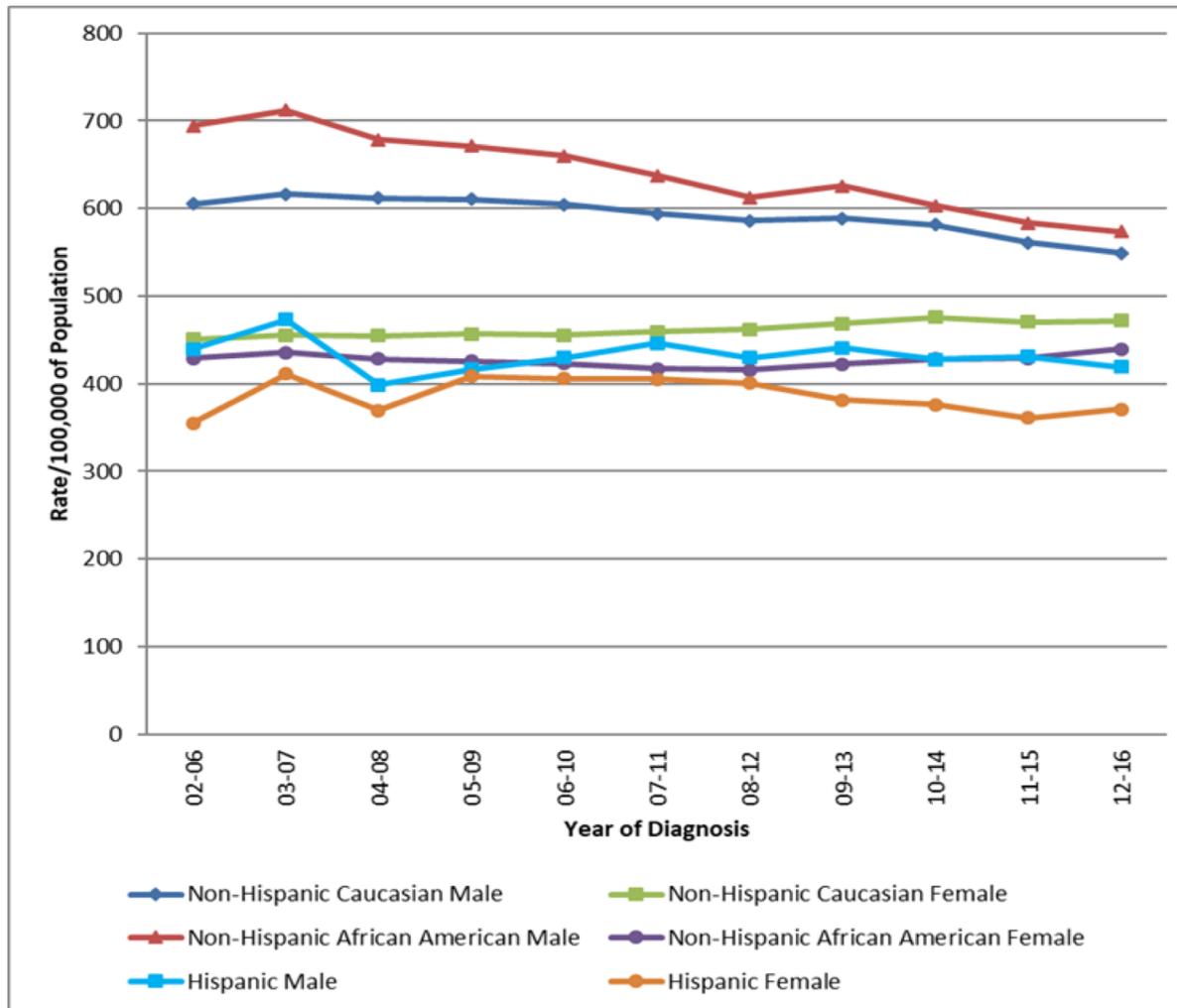
THE COSTS OF TOBACCO USE IN DELAWARE

- 1,400 Delawareans die each year from tobacco use.
- 17,000 children now <18 years old will die prematurely from smoking.
- \$532 million in annual health care costs directly caused by smoking.
 - \$95.6 million are Medicaid costs.
- \$391.2 million in annual smoking-caused productivity losses.

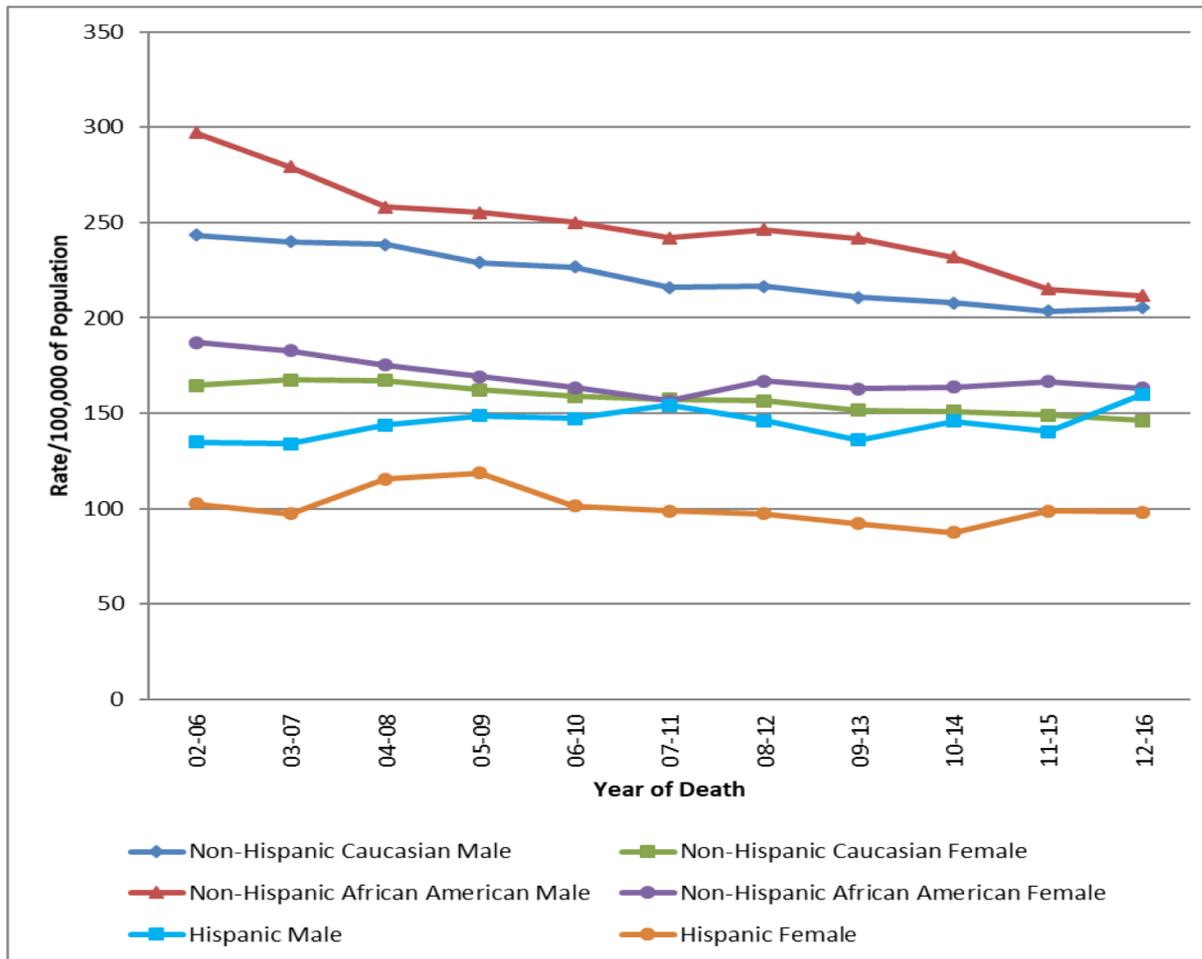


Sources: Behavioral Risk Factor Survey (BRFS) of adults, the Youth Risk Behavior Survey (YRBS) and Youth Tobacco Survey (YTS) of youth, the Smoking Attributable Morbidity, Mortality and Economic Costs (SAMMEC) study, and Delaware vital statistics mortality data.

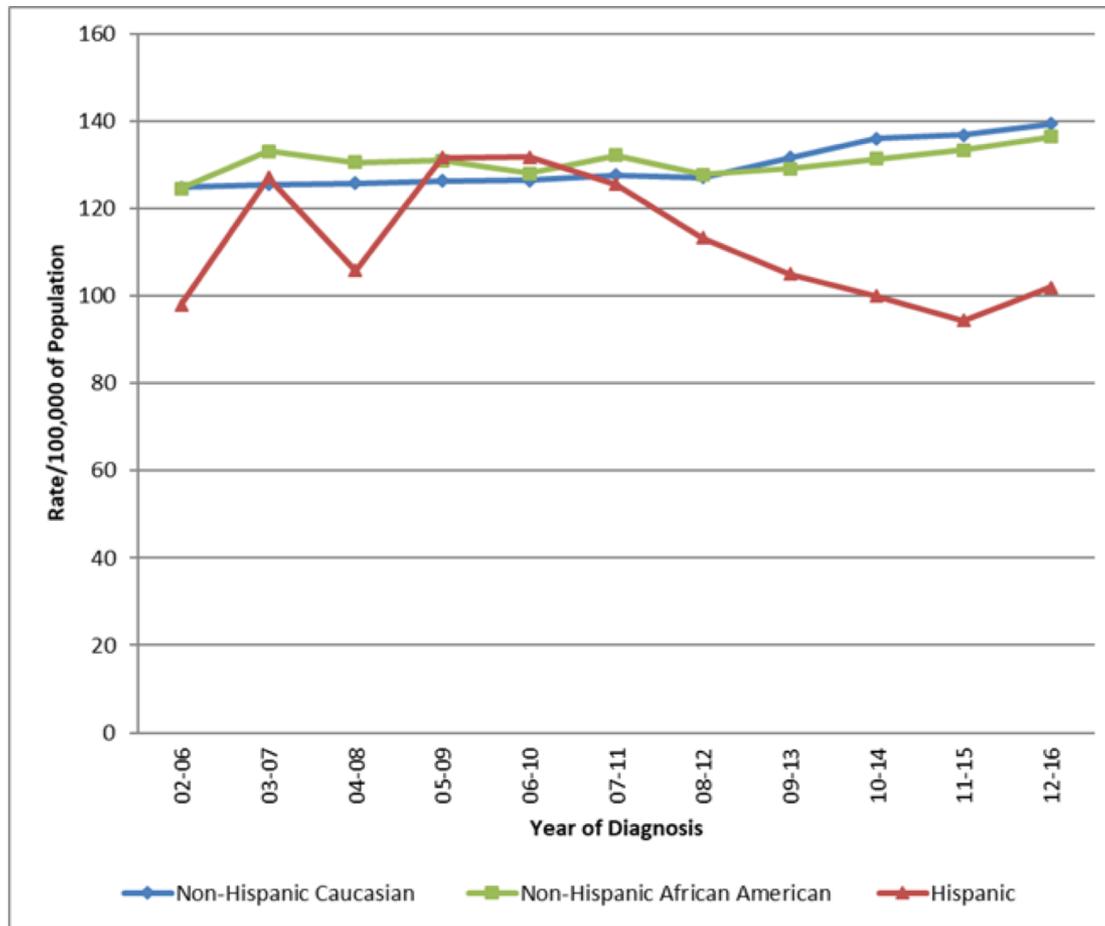
Pre-Release: Cancer Incidence by Race, Delaware, 2002-2006 to 2012-2016



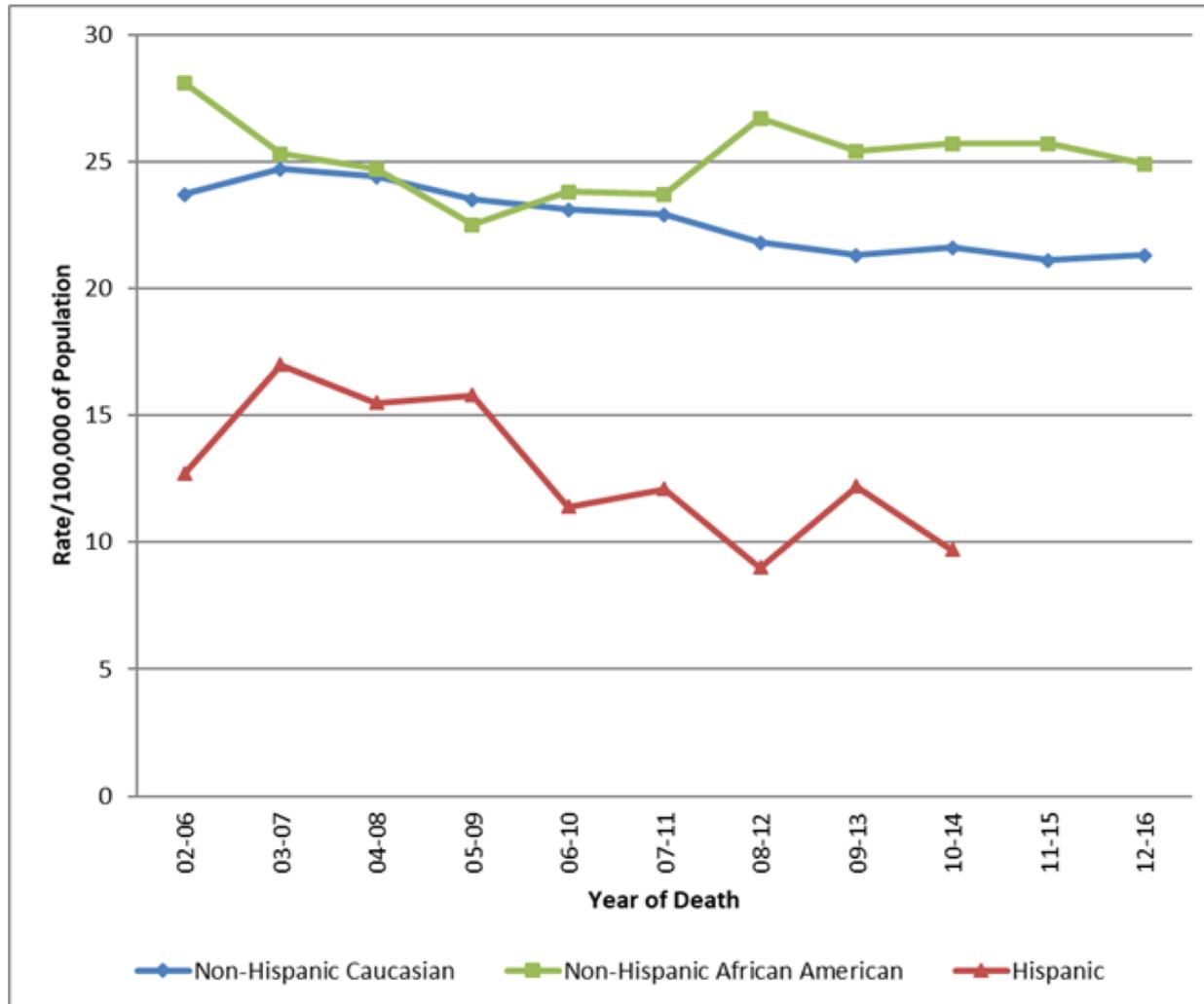
Pre-Release: Cancer Mortality by Race, Delaware, 2002-2006 to 2012-2016



Pre-Release: Breast Cancer Incidence by Race, Delaware, 2002-2006 to 2012-2016



Pre-Release Breast Cancer Mortality by Race, Delaware, 2002-2006 to 2012-2016



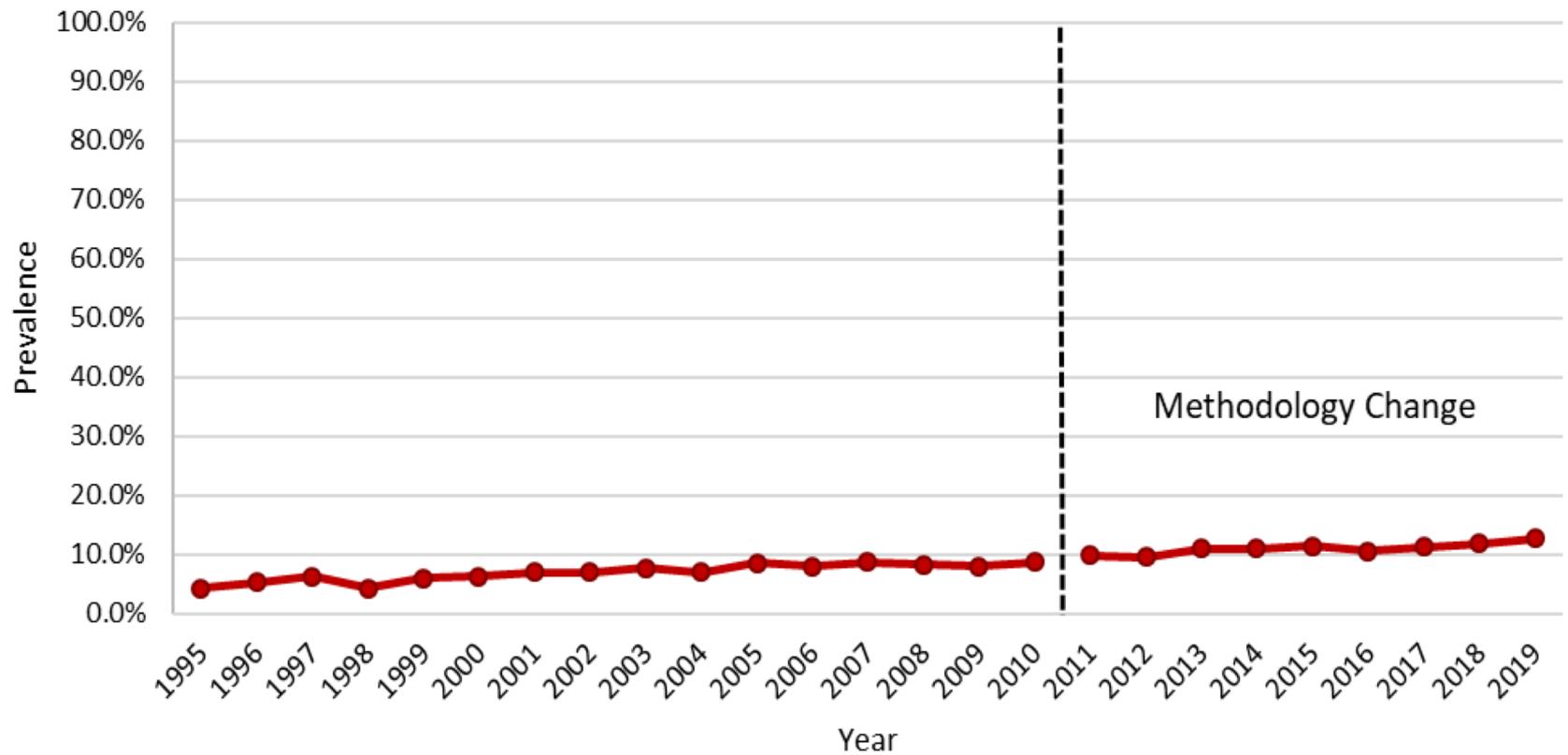
Source: *Cancer Incidence and Mortality in Delaware, 2012-2016*

ESTIMATED ECONOMIC COSTS OF CANCER

- According to the National Institutes of Health, the projected National total cost of cancer care in 2020:
 - \$173 Billion
 - 39% increase from 2010
 - Prostate Cancer and Breast Cancer estimated to see the largest increase in expenditures

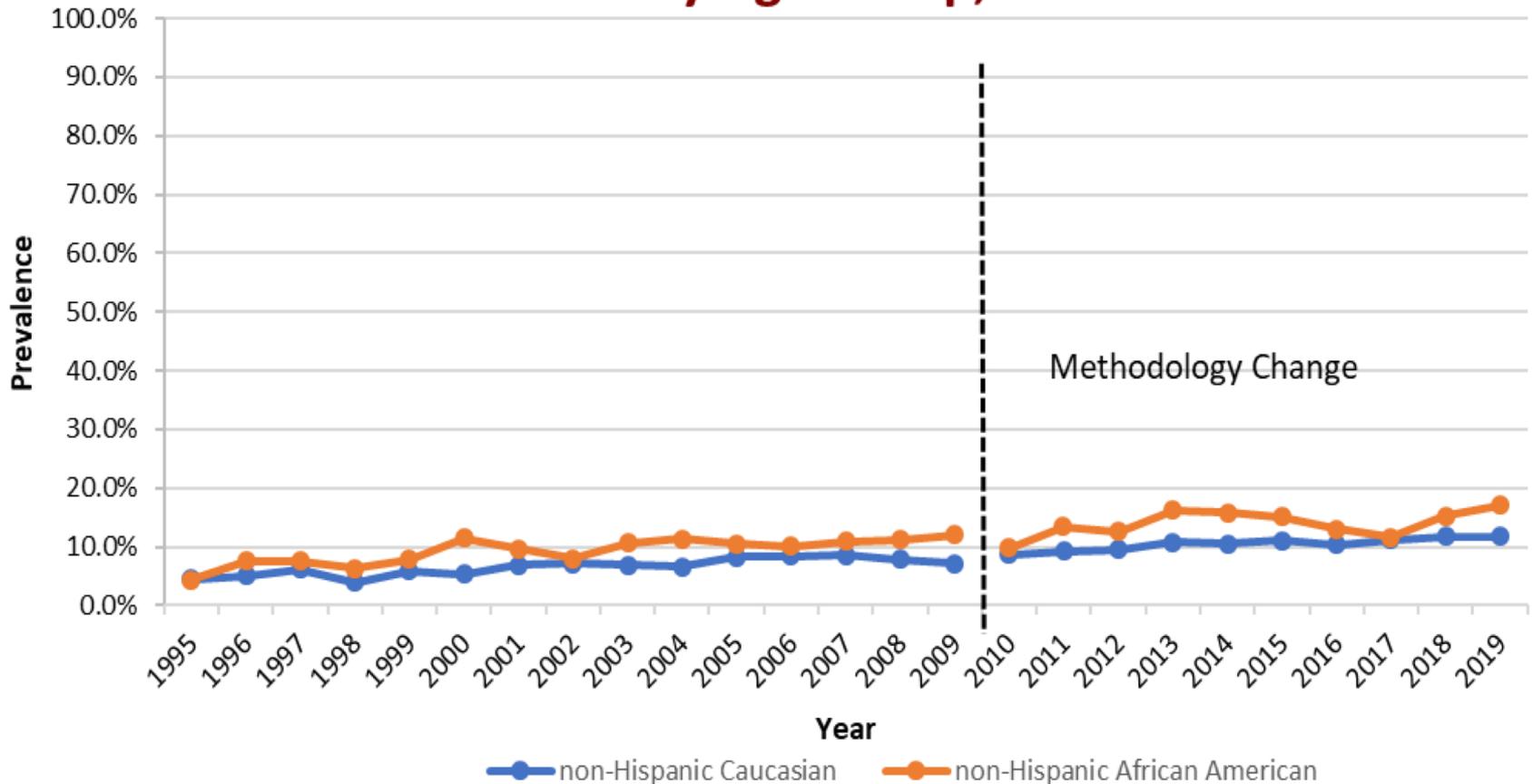


Prevalence of Delaware Adults Diagnosed with Diabetes, 1995-2019



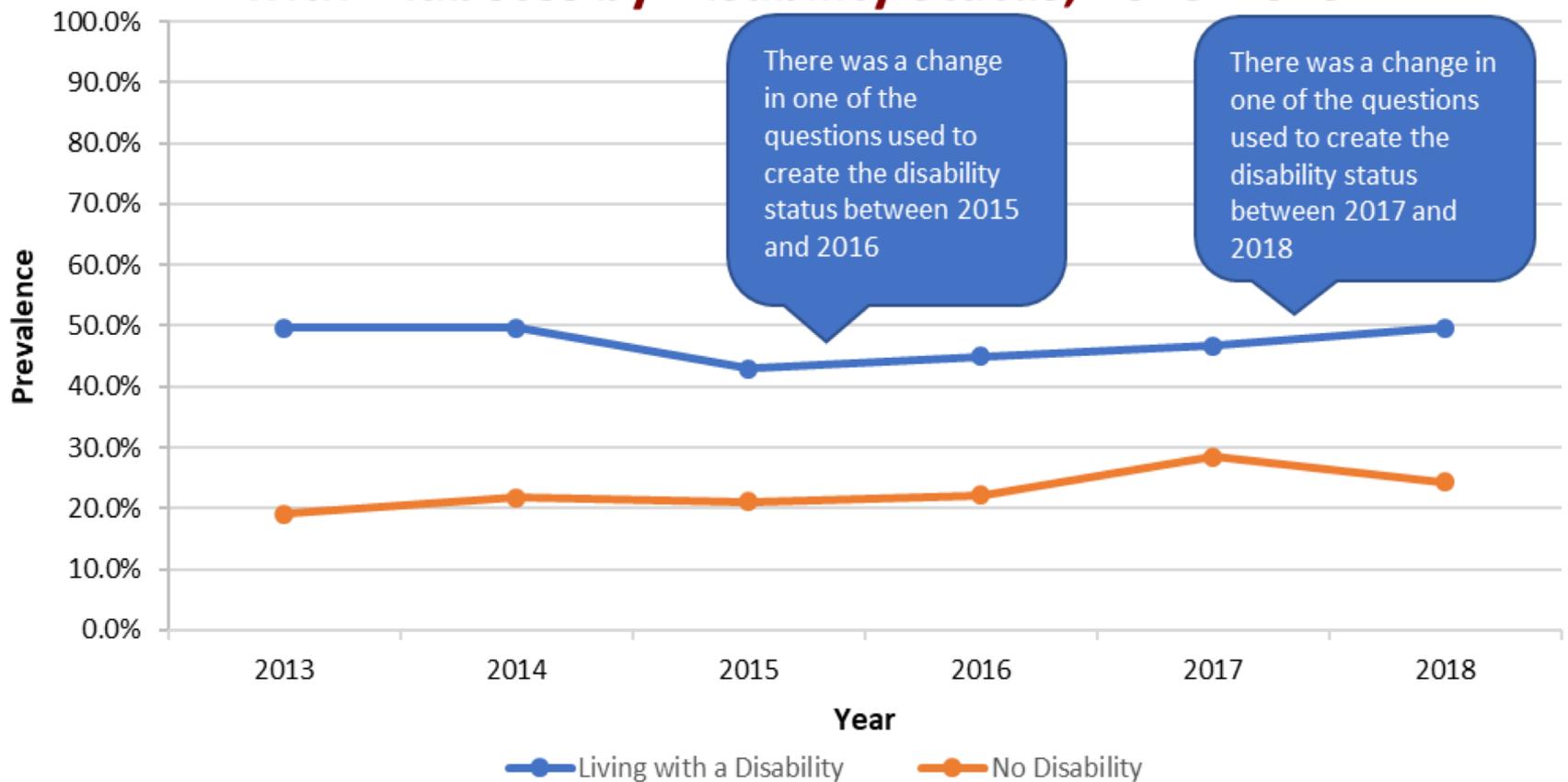
Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 1995-2019

Prevalence of Delaware Adults Diagnosed with Diabetes by Age Group, 2000-2019



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 1995-2019

Prevalence of Delaware Adults Diagnosed with Diabetes by Disability Status, 2013-2019



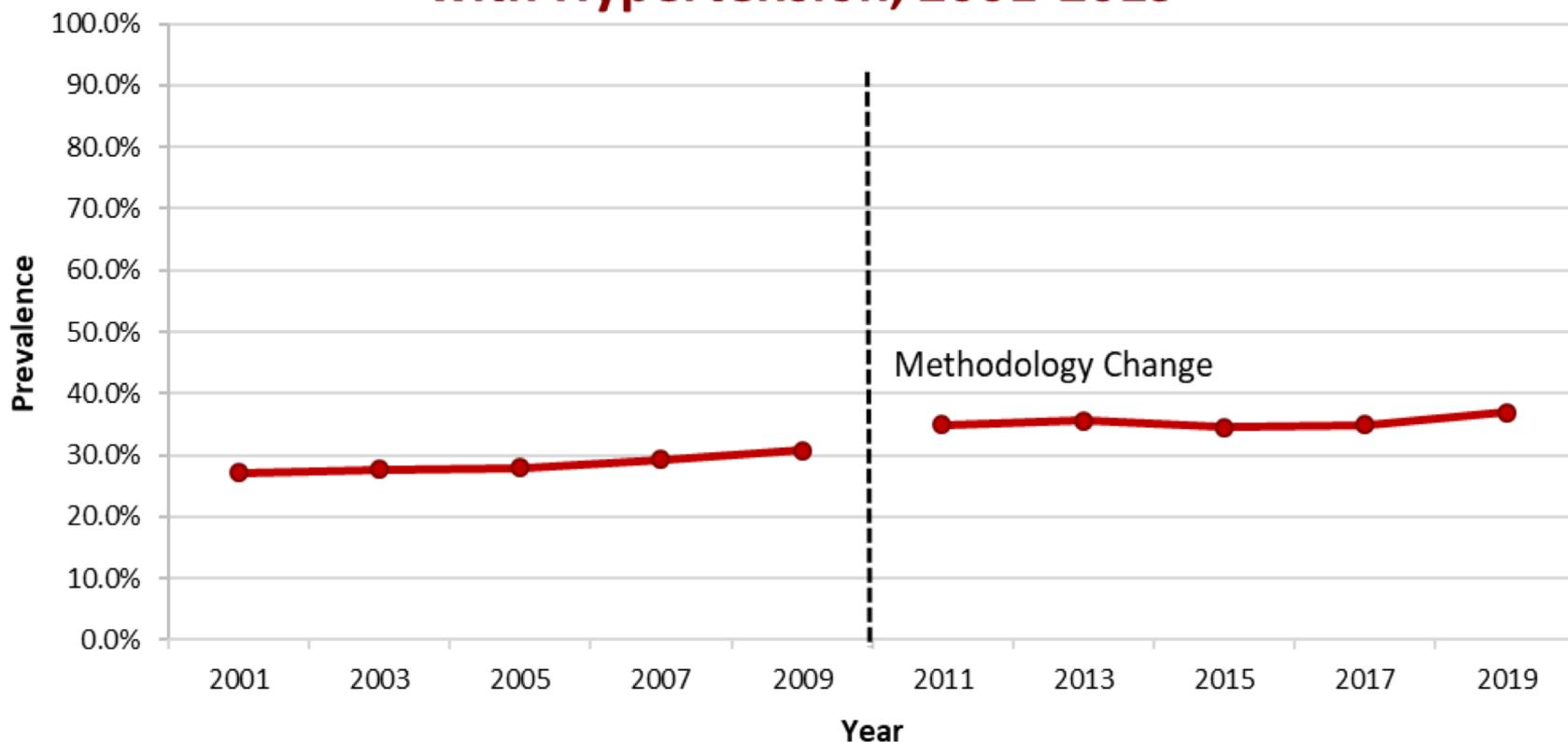
Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2013-2019

ESTIMATED ECONOMIC COSTS OF DIABETES IN DELAWARE

- The American Diabetes Association estimated the total cost of diabetes in Delaware was \$980 million in 2017
 - \$700 million estimated medical costs
 - \$280 million estimated cost in indirect costs

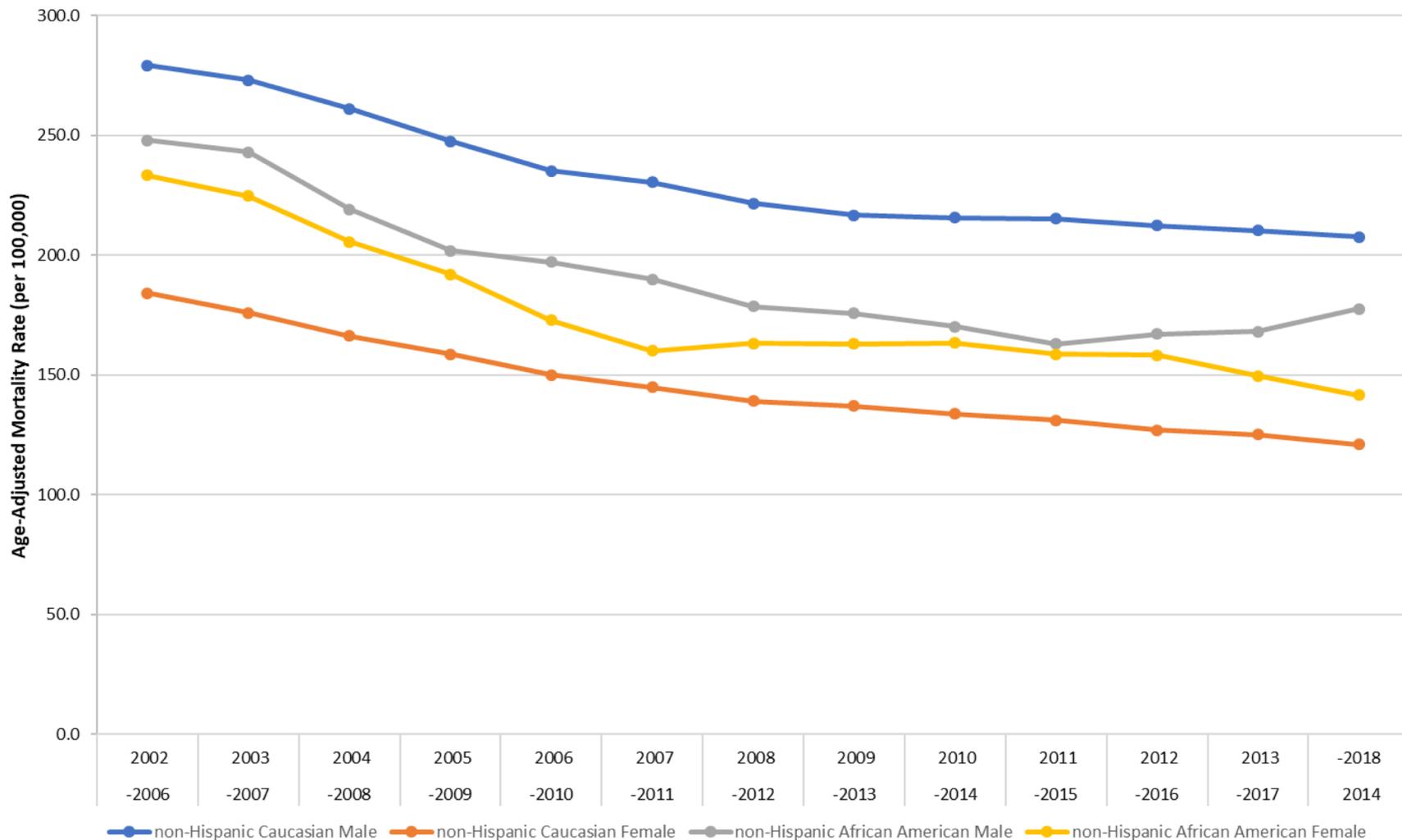


Prevalence of Delaware Adults Diagnosed with Hypertension, 2001-2019



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2001-2019

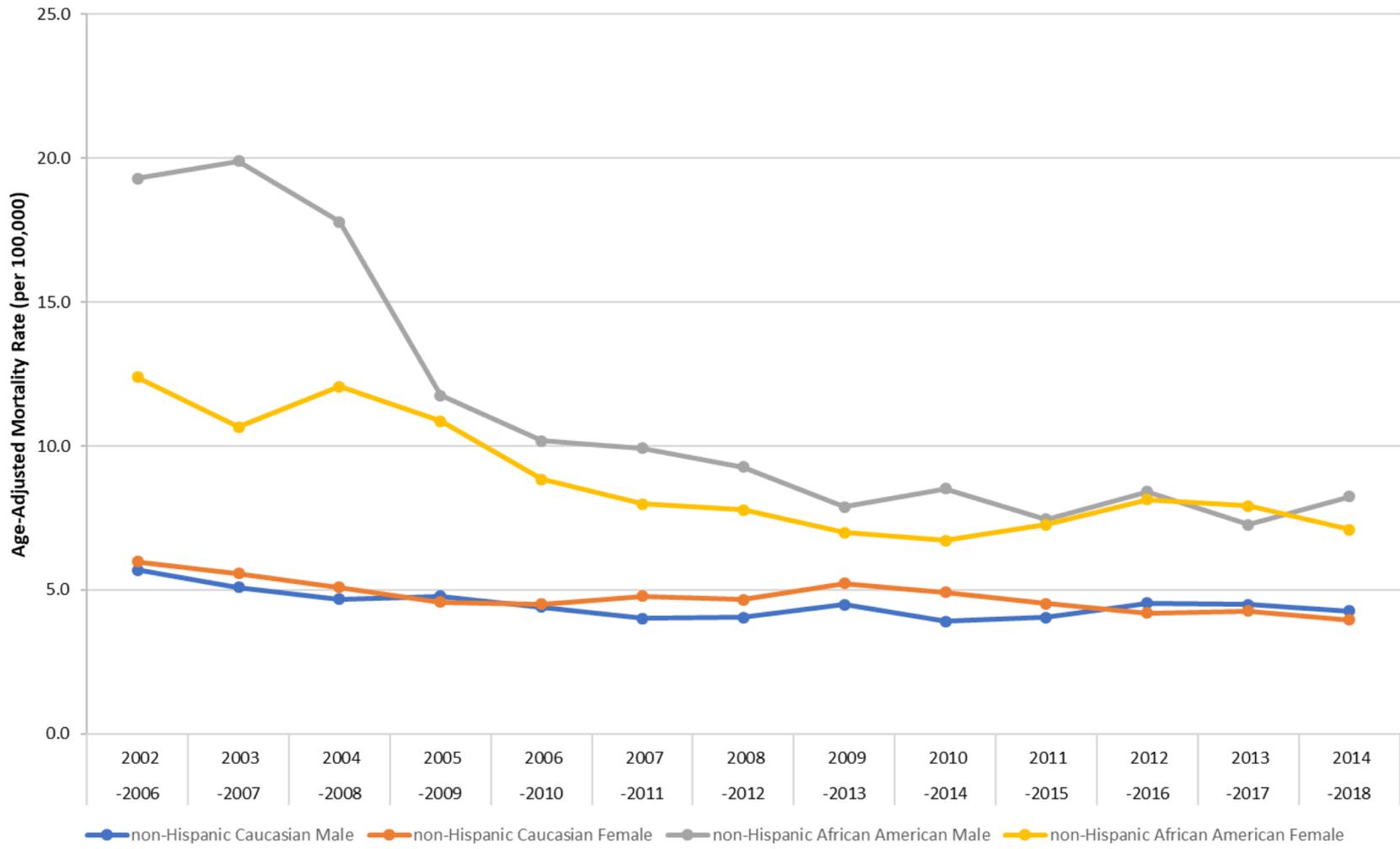
Five-Year Age-Adjusted Mortality Rates for Diseases of the Heart, by Race-Sex, 2002-2018



*Rates per 100,000 adjusted to U.S. 2000 population

Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Five-Year Age-Adjusted Mortality Rates for Essential Hypertension and Hypertensive Renal Disease, by Race-Sex, 2002-2018



*Rates per 100,000 adjusted to U.S. 2000 population

Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

COST OF CARDIOVASCULAR DISEASE IN 2018

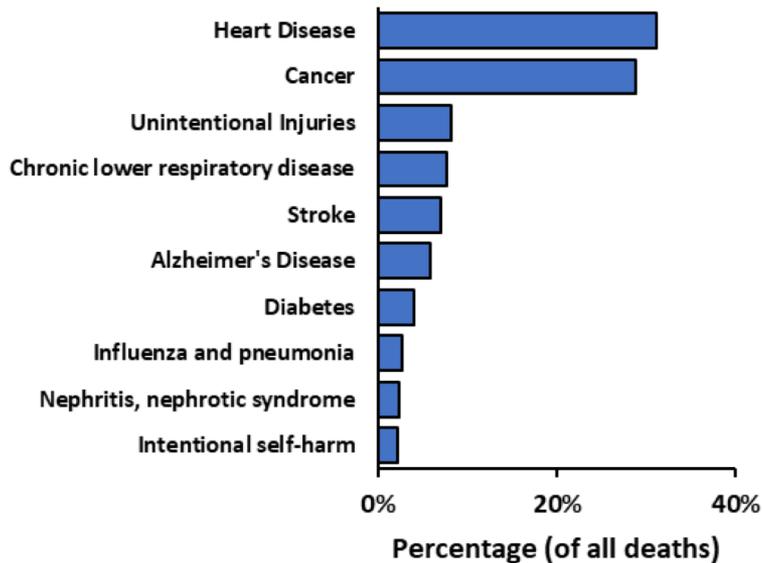
According to the American Heart Association:

- Total direct medical costs of CVD are projected to increase to \$749 billion in 2035.
 - Projections show that by 2035, the total direct costs of High Blood Pressure could increase to an estimated \$220.9 billion.
- In 2018, direct and indirect costs of total cardiovascular diseases and stroke are estimated to total more than \$329.7 billion; that includes both health expenditures and lost productivity.
 - The estimated direct and indirect cost of heart disease in 2013 to 2014 (average annual) was \$204.8 billion.
 - Heart attacks (\$12.1 billion) and Coronary Heart Disease (\$9.0 billion) were 2 of the 10 most expensive conditions treated in US hospitals in 2013.

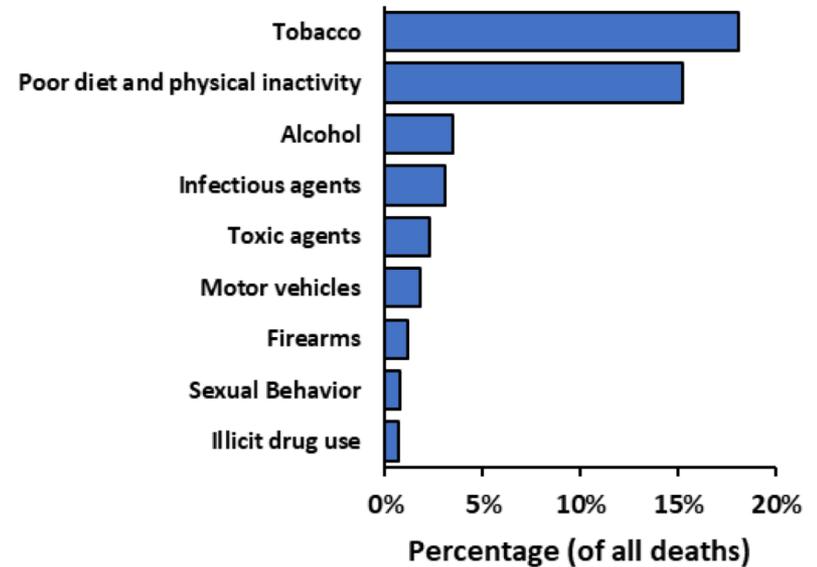


Chronic Diseases and Related Risk Factors in the United States

Leading Causes of Death*



Actual Causes of Death†



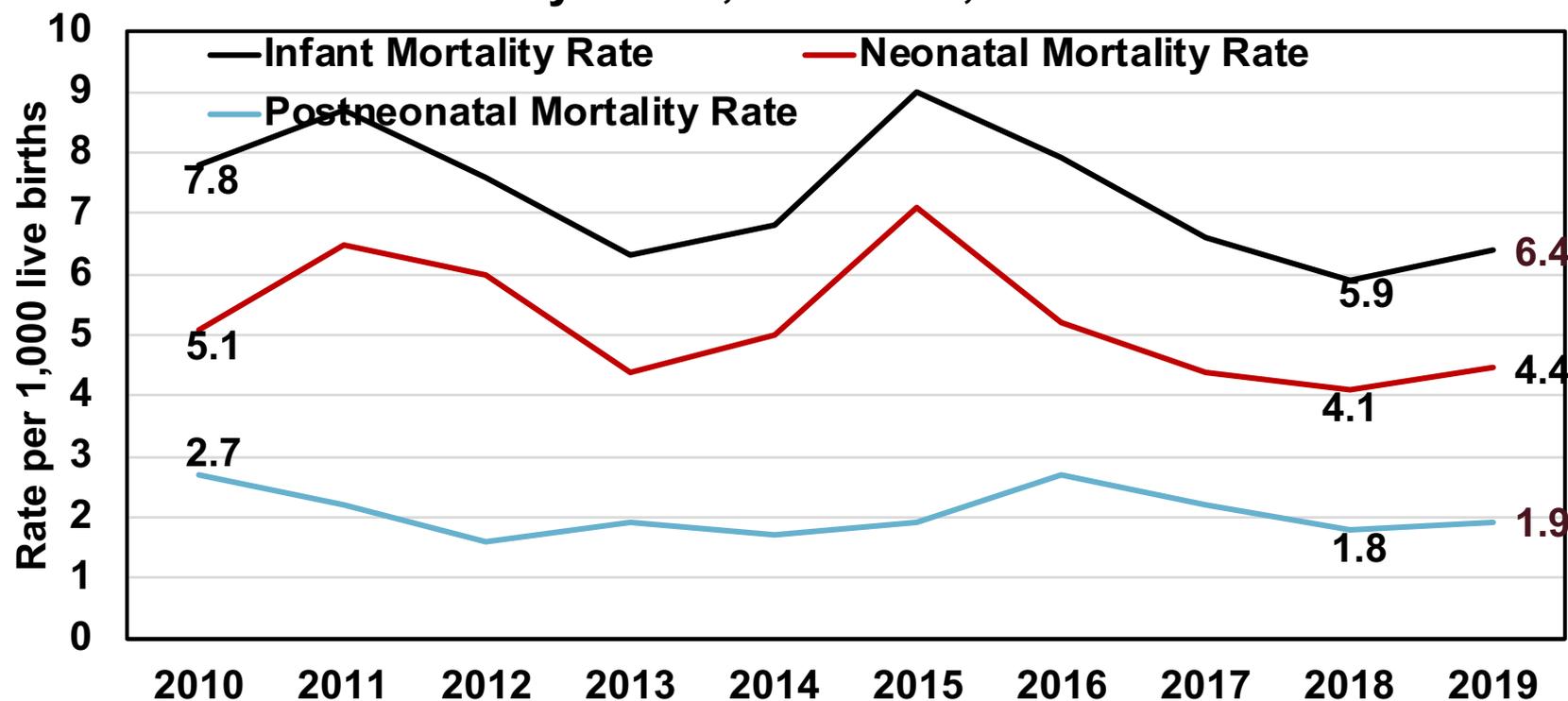
* National Center for Health Statistics. Mortality Report. Hyattsville, MD: US Department of Health and Human Services; 2017

† Adapted from McGinnis Foege, updated by Mokdad et. al.



INFANT MORTALITY

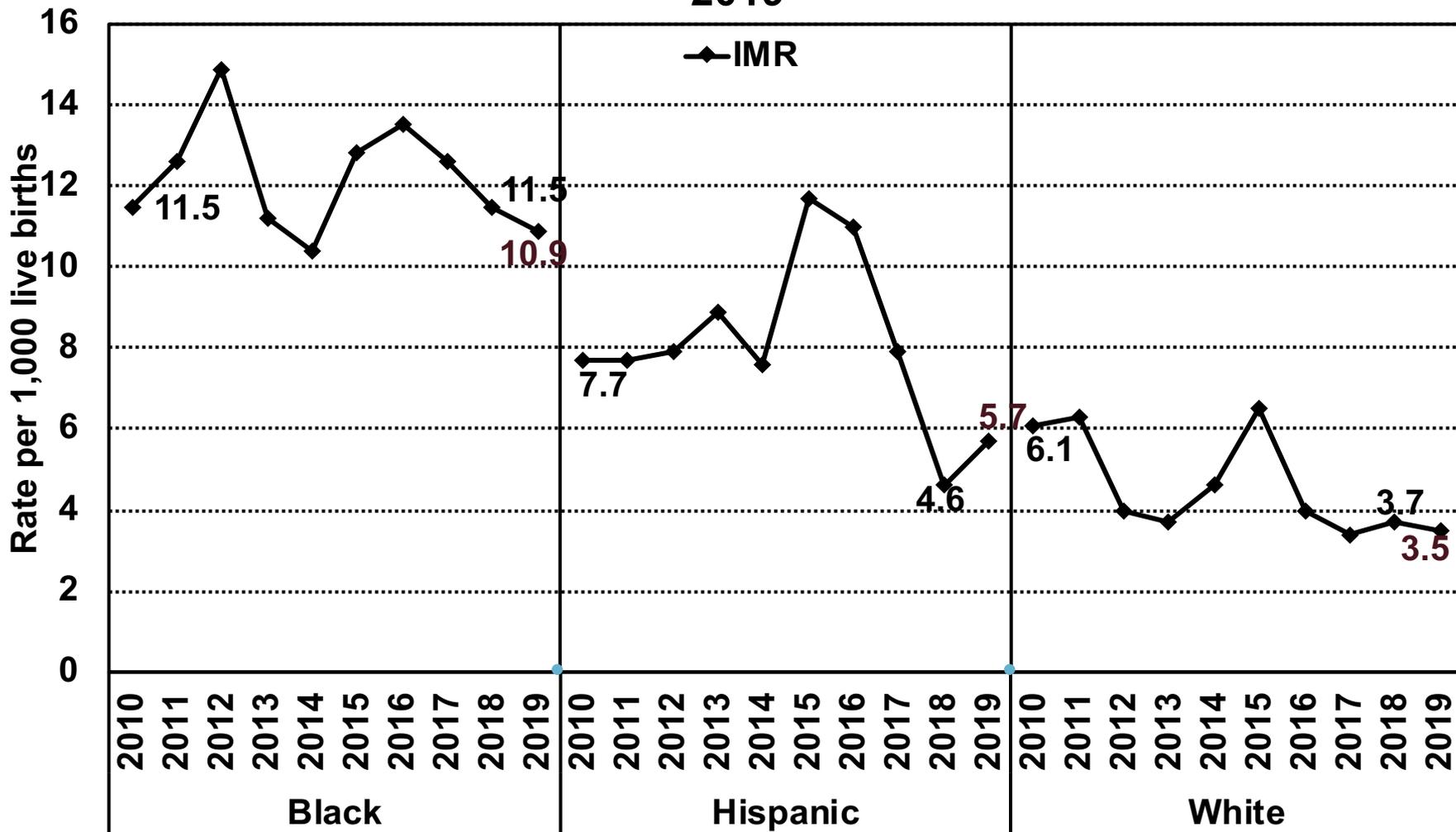
Infant Mortality, Neonatal Mortality, and Postneonatal Mortality Rates, Delaware, 2010-2018



Delaware Department of Health and Social Services, Division of Public Health, 2010-2018. 2019 data are provisional.

Infant Mortality Rate is number of deaths to infants aged 0-364 days per 1,000 live births.

Annual Infant Mortality Rates by Race*, Delaware, 2010-2019



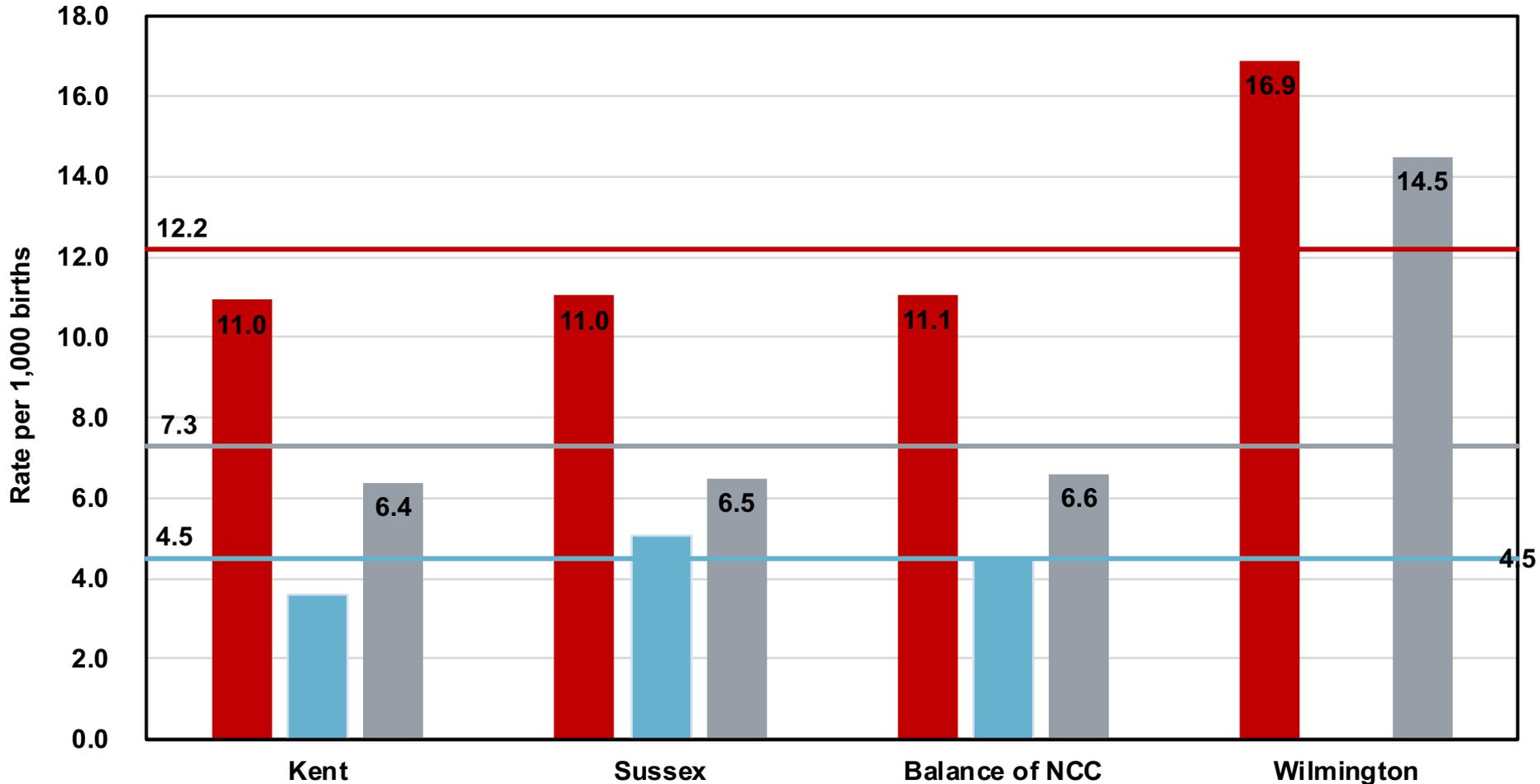
Delaware Department of Health and Social Services, Division of Public Health, 2010-2018. 2019 data are provisional.

Infant Mortality Rate is number of deaths to infants aged 0-364 days per 1,000 live births.

*Non-Hispanic categorization of race

Delaware, 5-year Infant Mortality Rates by County and Race, 2014-2018

■ Black ■ White ■ All Races
— Delaware Rate (Blacks) — Delaware Rate (Whites) — Delaware Rate (All Races)

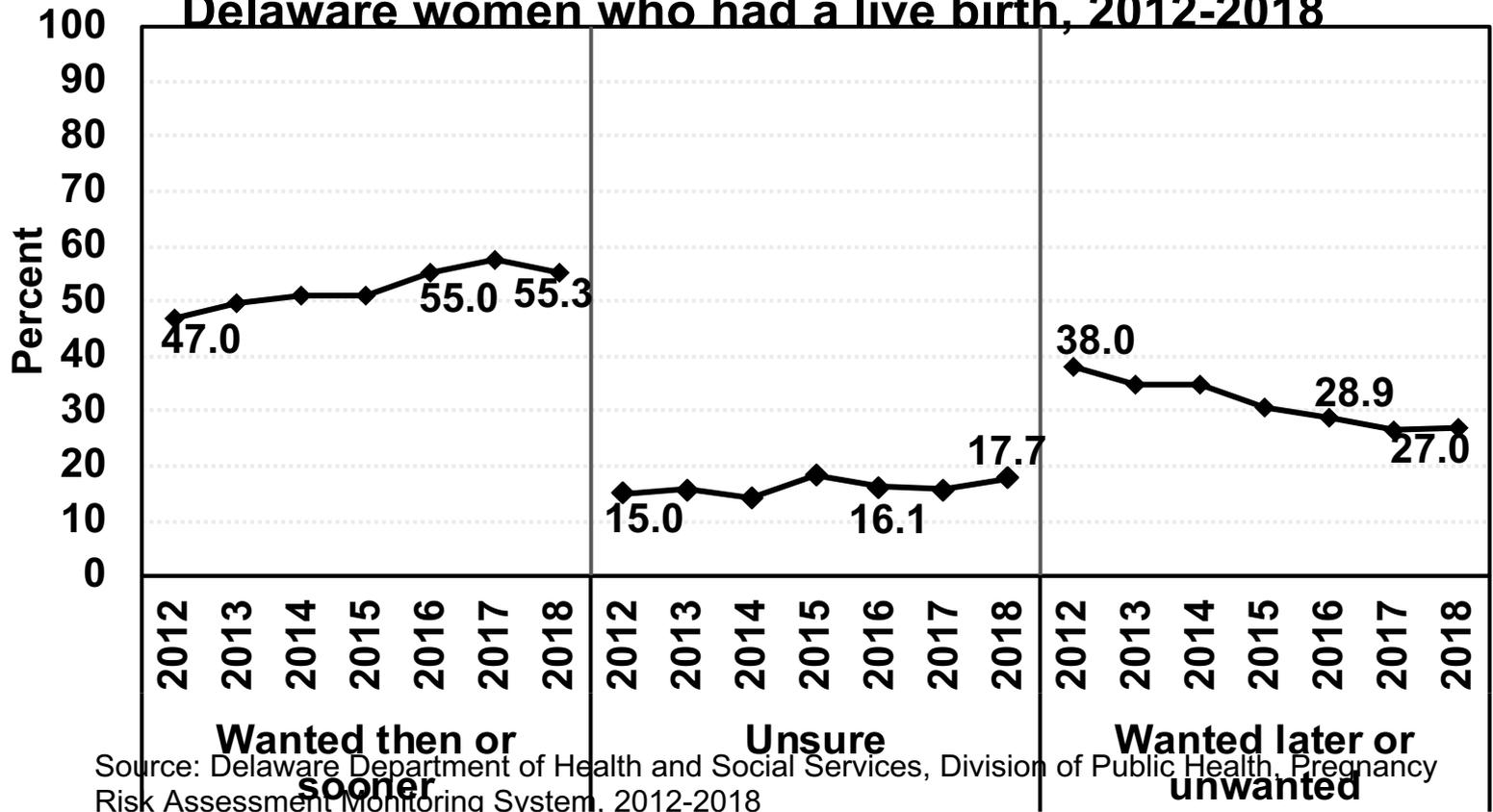


Source: Delaware Health Statistics Center

Notes: Data for whites in Wilmington does not meet the reliability of precision; based on 20 deaths in the numerator

CONTRACEPTIVE ACCESS

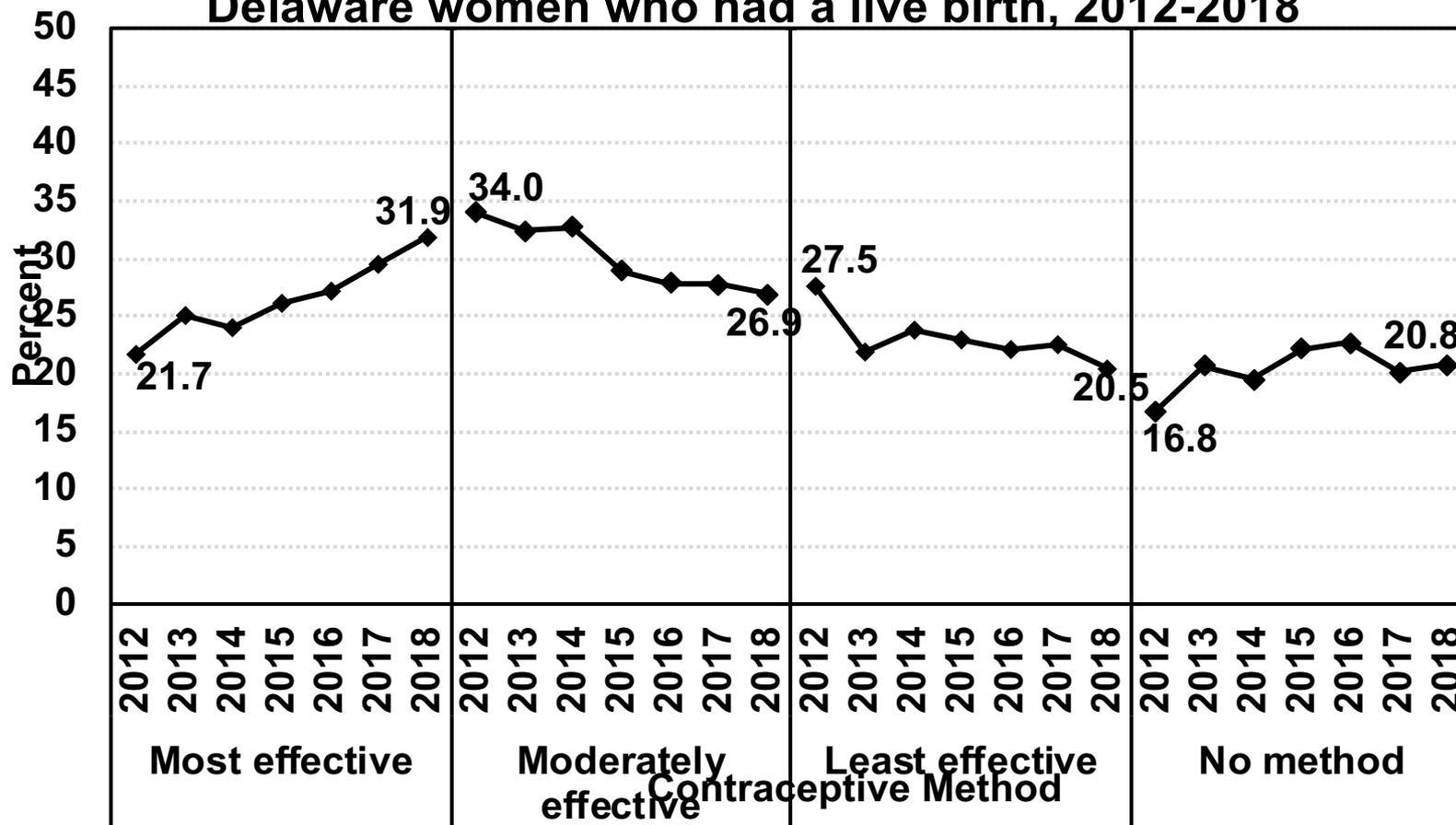
Percentage of pregnancy responses* among Delaware women who had a live birth, 2012-2018



Source: Delaware Department of Health and Social Services, Division of Public Health, Pregnancy Risk Assessment Monitoring System, 2012-2018

*Thinking back to just before you got pregnant, how did you feel about becoming pregnant?

Percentage of postpartum contraceptive use among Delaware women who had a live birth, 2012-2018



Source: Delaware Department of Health and Social Services, Division of Public Health, Pregnancy Risk Assessment Monitoring System, 2012-2018

Notes: Most effective methods include permanent methods include male/female sterilization, long acting

Reproductive Health Initiatives

January 2015

Largest birthing hospital offers immediate postpartum LARCs

May 2015

Division of Public Health funding to Title X to stock LARCs

October 2015

Division of Public Health participates in ASTHO contraceptive learning collaborative (Cohort 2)

February 2016

Upstream USA provides provider and staff trainings and technical assistance for LARCs

May 2017

All Methods Free Campaign "Be your own baby"

March 2019

End of Upstream training

February 2015

IPP carve out through DE Medicaid fee-for-service reimbursement of LARC devices via the Medicaid pharmacy benefit for child-related services.

September 2015

CMS MIHI Grant for developing performance measures for contraceptive measures

January 2016

Governor Jack Markell announces DE-CAN public private partnership for contraceptives

July 2016

Division of Public Health repurposes State Funds to Stock LARCs State Pharmacy and Title X

June 2017

FQHC carve out from DE Medicaid

March 2020

DE-CAN Initiative (i.e. end of technical assistance)

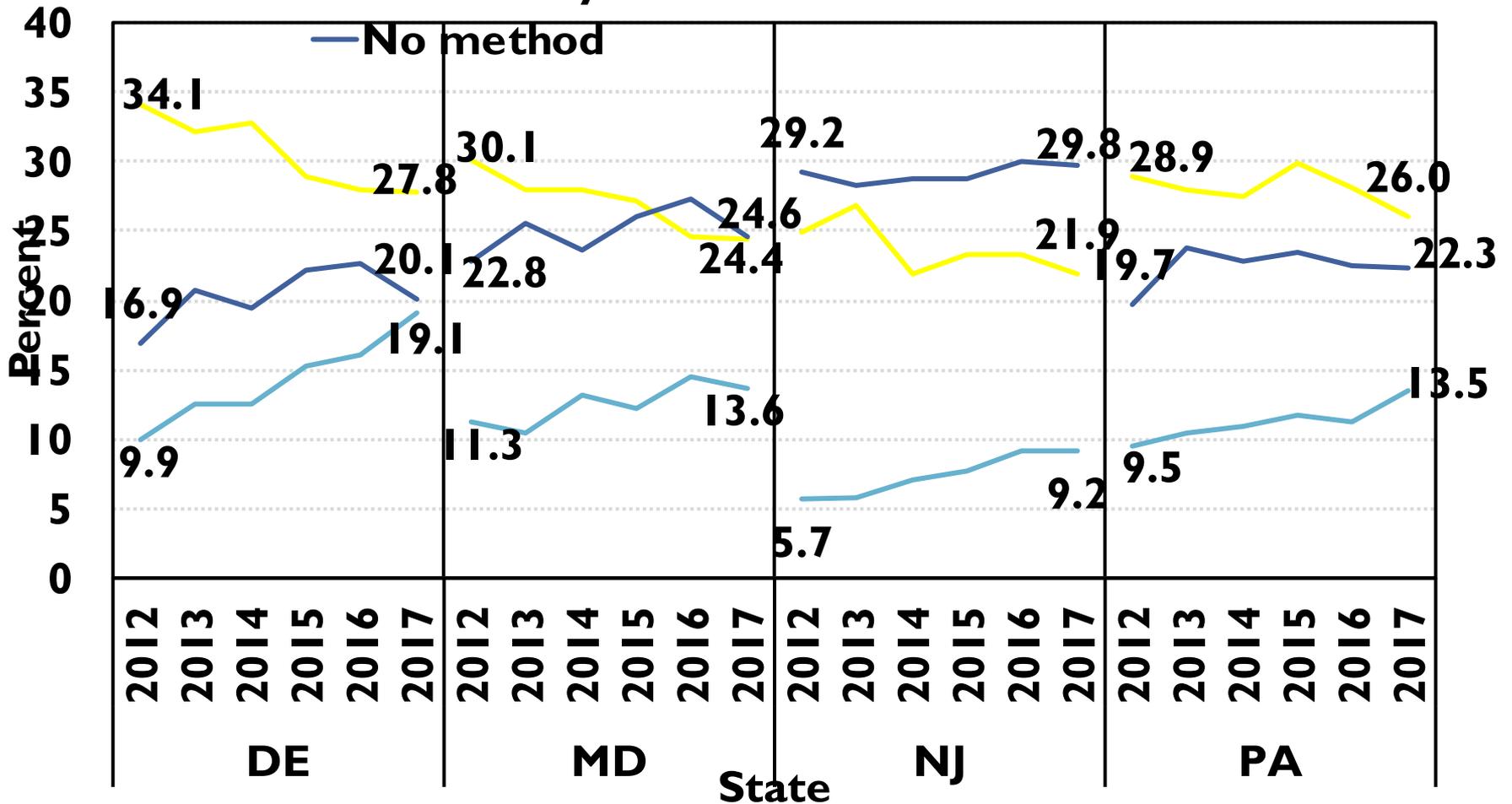
Notes: Light purple represents 2012-2015 "pre-intervention" time-period and dark purple 2016 and later the "post-intervention" time-period. Long acting reversible contraceptives (LARCs) include contraceptive implants such as Implanon® and Nexplanon® and intrauterine devices (IUDs) such as Paragard®.

Results

— Reversible (contraceptive implants, IUDs)

— Moderately Effective

— No method



COVID-19 AND COMORBID CONDITIONS

- According to a large systematic review published in July:

	Worldwide Epicenter Sample Percent	United States Sample Percent
Cardiovascular Disease	8.9%	13.0%
Hypertension	27.4%	38.9%
Diabetes	21.0%	23.2%
COPD	7.5%	12.0%
Cancer	3.5%	4.3%
Chronic Kidney Disease	2.6%	6.3%
Other	15.5%	2.3%

COVID-19 AND DIABETES

- Patients with COVID-19 and diabetes have been shown to have greater prevalence of comorbid conditions compared to patients without diabetes.

	With Diabetes	Without Diabetes
Hypertension	56.9%	28.8%
Cardiovascular Disease	20.9%	11.1%
Cerebrovascular Disease	7.8%	1.3%



Source: Apicella, M., Campopiano, M. C., Mantuano, M., Mazoni, L., Coppelli, A., & Del Prato, S. (2020). COVID-19 in people with diabetes: Understanding the reasons for worse outcomes. *The Lancet*, 8(9), 782-792. doi:10.1016/S2213-8587(20)30238-2

COVID-19 AND DIABETES

- COVID-19 non-survivors with diabetes had a greater prevalence of comorbid conditions

	With Diabetes	Without Diabetes
Hypertension	83.9%	50.0%
Cardiovascular Disease	45.2%	14.8%
Chronic Pulmonary Disease	12.9%	3.3%
Chronic Kidney Disease	6.5%	3.3%



Source: Apicella, M., Campopiano, M. C., Mantuano, M., Mazoni, L., Coppelli, A., & Del Prato, S. (2020). COVID-19 in people with diabetes: Understanding the reasons for worse outcomes. *The Lancet*, 8(9), 782-792. doi:10.1016/S2213-8587(20)30238-2

ECONOMIC COST OF COVID-19

- National Economic Costs¹:
 - Down 11.5 million payroll jobs (7.6%)
 - Slow recovery – Only 1.4 million jobs added in August
 - 238,000 of those jobs were for the decennial census
 - August smallest increase in 4 months
 - Unemployment insurance claims highly elevated
 - Hardest hit sector is Leisure and Hospitality
 - (lost 23.9% employment)
- Health Care System²:
 - 4-month financial impact of \$202.6 BILLION



1. Ettlinger, M., & Hensley, J. (2020, September 10). COVID-19 Economic Crisis: By State. Retrieved September 13, 2020, from <https://carsey.unh.edu/COVID-19-Economic-Impact-By-State>

2. Hospitals and Health Systems Face Unprecedented Financial Pressures Due to COVID-19: AHA. (2020, May). Retrieved September 13, 2020, from <https://www.aha.org/guidesreports/2020-05-05-hospitals-and-health-systems-face-unprecedented-financial-pressures-due>

ECONOMIC COST OF COVID-19

- Delaware Specific Findings (February to July)
 - All non-Farm Employees (Ranked 8)
 - Change in Number of Jobs: Down 50,300 Jobs
 - Change in Percent of Jobs: -10.6%
 - Leisure and Hospitality (Rank 24)
 - Change in Number of Jobs: Down 13,900 Jobs
 - Change in Percent of Jobs: -26%



IMPORTANCE OF COMMUNITY LEVEL DATA

Delaware.gov Agencies News Topics Contact

My Healthy Community

Delaware Environmental Public Health Tracking Network

My Healthy Community

My Healthy Community provides community-level statistics and data that can be used to understand and explore health and the environment. Our health and the environment in which we live are inherently connected. Together, communities can use data to inform support and facilitate data-informed discussions that describe and define population health priorities, and leverage data to educate them about their community's health and the environment in which they live.

Start your search here for data about your community.
Topics include substance use disorder, air quality, asthma, and drinking water. Additional topics are coming soon!

Find your local reports

Want to see state-wide reports?

[View State-Wide Reports](#)

CASE FOR SOCIAL DETERMINANTS OF HEALTH CHANGE: NATIONAL PERSPECTIVE

Preventable 2000 deaths:

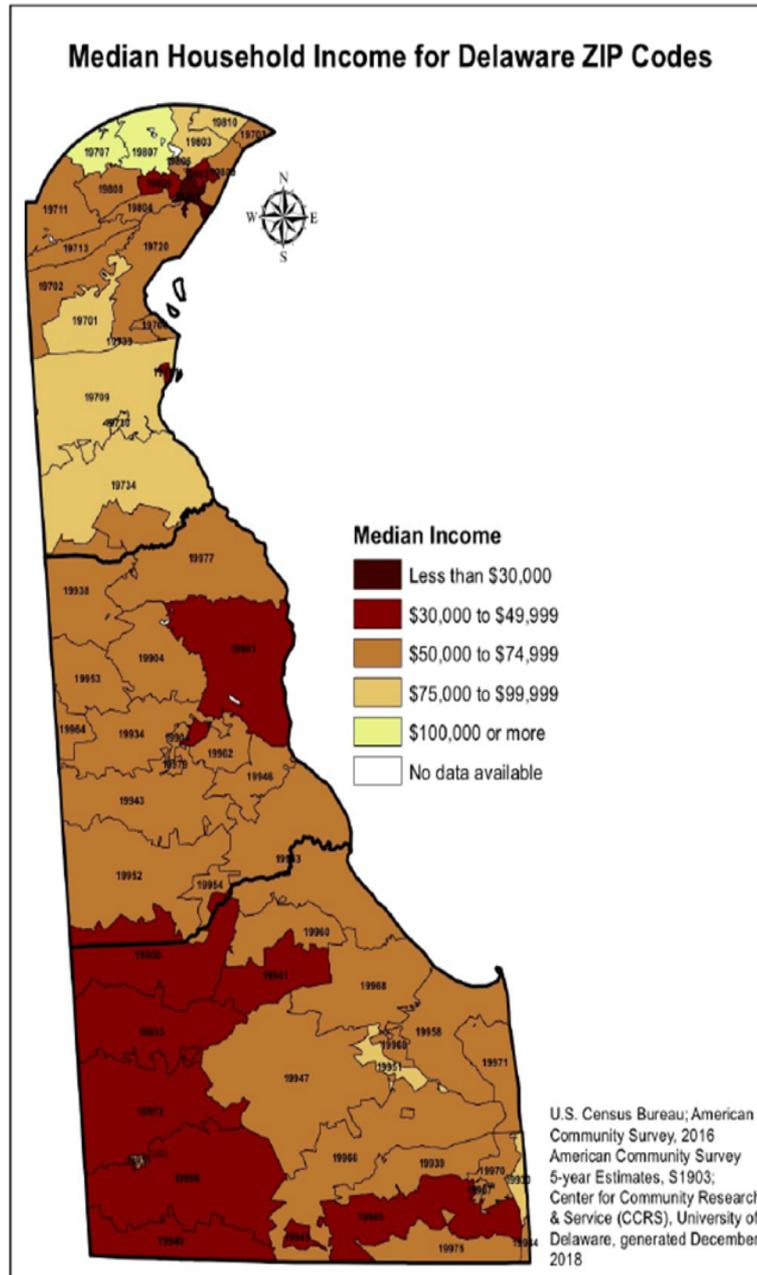
- Low education: 245,000 deaths
- Racial segregation: 176,000 deaths
- Low social support: 162,000 deaths
- Individual-level poverty: 133,000 deaths
- Income inequality: 119,000 deaths
- Area-level poverty: 39,000 deaths



Researchers Galea et al.,
2011



MEDIAN INCOME DELAWARE ZIP CODES



ECONOMIC CASE FOR CHANGE:

- Ranks 23rd in U.S. for preventable hospitalizations rate (2018)
- Spent approximately \$9.5 billion for health care services in 2014 (over \$10,000 per capita)
- Its poverty levels rose from 11.1% in 2006 to 13.6% in 2012, growing a divide between rich and poor.





INNOVATION FUND

DON FULTON AND LISA HENRY, DPH

UPDATE & PATH FORWARD

- The FY 21 budget included the \$1 million for the Innovation Fund proposed by HFAC.
- Division of Public Health staff in collaboration with Healthy Communities Delaware will solicit and review applications for projects that fit categories proposed by HFAC.
- This process is similar to what was done for FY20



PROPOSED PRIORITIES

- Vaping Prevention
- Social Determinants of Health
 - Focus on housing access
- School Health
 - Physical Activity
 - Asthma
 - Vision
 - Mental Health
- Increasing Dental Access
- Reducing obesity and increasing physical activity throughout the lifespan



FY20 FUNDED PROJECTS – SCHOOL HEALTH

- Healthy Food for Healthy Kids - Healthy Foods for Healthy Kids (HFHK) enhanced their school vegetable garden curriculum to align with Delaware's Next Generation Science Standards. A new garden constructed at The Bayard School, the curriculum piloted and then implemented at all 30+ HFHK partner schools reaching over 10,000 students. Teachers will be provided with lesson plans and trained in the curriculum so that they can implement lessons independently in the fall and spring growing seasons.



FY 20 FUNDED PROJECTS – SCHOOL HEALTH

- The Life Center - The Contractor implemented a Tier 2 Social-Emotional Learning Program at Al DuPont Middle school in the Red Clay Consolidated School District. The program targeted 6th and 7th graders (24 girls, 24 boys) who have demonstrated need for improved mental/behavioral health with 1) evidence-based SOCIAL-EMOTIONAL LEARNING SESSIONS (26 sessions in gendered groups by grade level); 2) MENTORING-COACHING by successful adults; 3) PARENT SUPPORT (parent sessions and mentor contacts); and 4) EVALUATION based on documented behavioral improvement and pre- and post-tests.



FY 20 FUNDED PROJECTS – SCHOOL HEALTH

- Providence Creek Academy - Created a fitness/play area that provided free open access to physical fitness and play equipment that service youth and adults of the Town of Clayton and residents of Delaware and increase the number of Delaware community organizations and residents that utilize the fitness/play space



FY 20 FUNDED PROJECTS – INNOVATION

Hispanic American Association - Contractor will deliver AMIGAS ACTIVASY SALUDABLES (Active & Healthy Women Friends), a program that provided culturally appropriate dance workout and healthy lifestyle sessions for at risk minority women through four neighborhood-based groups. The dance workouts featured Latin and multicultural music and resources. The healthy lifestyle sessions included culturally appropriate healthy nutrition information, healthy multicultural recipes, and presentations of local resources for healthy living (farmers markets, cancer screenings, diabetes support, etc).

A dedicated health promotora attended sessions to provide information and linkage to bilingual, bicultural resources that the participating women might need related to social determinants of health (primary care, cancer screenings, women's health, GED classes, ESL classes, housing opportunities, etc). There are culturally appropriate family event to celebrate accomplishments at the end of the program and to promote healthy lifestyles among all the participants' families.



FY 20 FUNDED PROJECTS – INNOVATION

Year Up - Year Up is a year-long workforce development program that combines technical skills training, internship experiences, an educational stipend, and wraparound supports into a cohesive model so that students may overcome barriers and build pathways to meaningful employment. Year Up serves young adults, ages 18-24, who have not progressed past a high school diploma or GED, are chronically unemployed or underemployed, and seeking their chance to enter the economic mainstream. This contract partially supported the work of the Year Up Wilmington Student Services team. This team supports students through a tailored, case-management style approach. Their services targeted at promoting the overall well-being, including physical and mental health, of students to ensure their persistence in the program. They assessed each student's risk factors and assist them with specific needs, such as accessing public benefits; enrolling in insurance; finding stable housing and childcare support; providing counseling referrals; and receiving support for legal and health problems.





Healthy Communities Delaware

alignment. investment. impact.

HEALTHY COMMUNITIES DELAWARE

- **Goal:** To improve health, well-being and equity in low-wealth Delaware communities through ***alignment, investment and impact***
 - **Alignment** – Of vision, goals, strategy, communication, funding, measurement
 - **Investment** – Public and private, blended and braided, with social and monetary returns
 - **Impact** – Through a community-engaged approach, evidence-based strategies, alignment and investment
- A network of partners, managed as a collaboration among:
 - Delaware Division of Public Health
 - University of Delaware Partnership for Healthy Communities
 - Delaware Community Foundation
- Long-term initiative to advance ***healthy, safe and vibrant communities***
- We work ***with*** communities on resident-driven priorities related to the social determinants of health (root causes)



SOCIAL DETERMINANTS OF HEALTH

- The conditions in which people are born, grow, live, work and age
- Shaped by the distribution of money, power, resources, structural racism and discrimination
- Mostly responsible for health inequities - the unfair and avoidable differences in health status



Community
Vitality

Education

Environment

Food &
Agriculture

Financial Health
& Wealth

Humane
Housing

Job Creation &
Workforce
Development

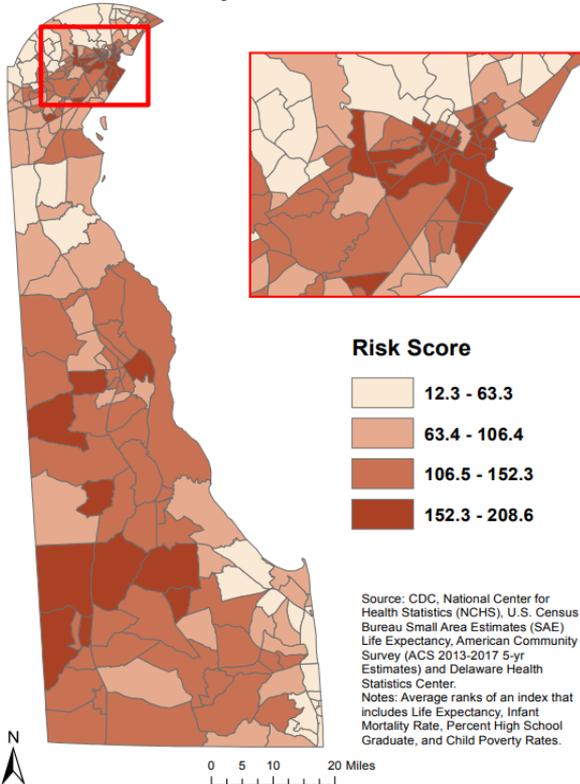
Public Safety

Transportation

HCD OPPORTUNITY COMMUNITIES

TOP QUARTILE OF HEALTH INDEX SCORE

Community Health Index, Delaware



Risk Scores	Census Tract(s)	Location
New Castle County		
208	6.02	Northeast, Wilm. (Price's Run)
204, 195, 167	22, 23, 24	Westside, Wilmington
203	30.02	Riverside, Wilmington
199, 185	9, 29	Eastside, Wilmington
194, 186, 186, 168	158.02, 155.02, 154, 19.02	Route 9 Corridor
193, 177	21, 16	West Center City, Wilmington
179, 168, 172	25, 26, 27	Browntown, Wilmington
176, 162	149.09, 149.03	Bear/Near Christiana Mall
175, 158	5, 3	Northwest, Wilmington
165, 165, 162, 162	126, 129, 120, 124	West of Wilmington/Elsmere
Kent County		
184, 168	420, 418.02	W. of Camden on the MD Border and W. Dover
164	430	Harrington
157	410	Dover
Sussex County		
177	502	Ellendale
173, 160	504.06, 504.01	Seaford
156, 155	503.02, 503.01	Bridgeville
156	505.03	Georgetown

2020 FUNDING & COLLABORATION

- **\$723,000** to communities
- **9** communities receiving funding
 - **12** community-based organizations
- **5** jobs created

Areas of Focus

- COVID-19 supports
- Social Determinants of Health
 - Community vitality
 - Environment
 - Food access
 - Housing
 - Job creation & workforce development
- Basic Needs
 - Resource navigation
 - Food security

New Castle County

West Side, Wilmington – Cornerstone West CDC

West Side, Wilmington – Be Ready CDC

Baynard Blvd., Wilmington – Jefferson Street, Inc.

Eastside, Wilmington – Habitat for Humanity of NCC

Eastside, Wilmington – Central Baptist CDC

Southbridge, Wilmington – South Wilmington Planning Network

Route 9 Corridor – Route 9 Monitoring Committee

Latin American Community Center

Kent County

Dover and West - NCALL

Sussex County

Western Sussex/Georgetown – The Food Bank

Western Sussex/Georgetown – La Esperanza

Ellendale – SERCAP

COVID-19 MAGNIFIES INEQUITIES

How do you wash your hands for 20 seconds... **if you don't have running water?**

How do you quarantine... **if you don't have a stable place to live?**

How do you help your child with remote learning... **if you have no computer or access to the internet?**

How do you get tested for COVID... **if you have no transportation to a testing site?**

How do you protect your aging parent... **if your job exposes you to hundreds of customers every day?**

Community Vitality 

Education 

Environment 

Food & Agriculture 

Financial Health & Wealth 

Humane Housing 

Job Creation & Workforce Development 

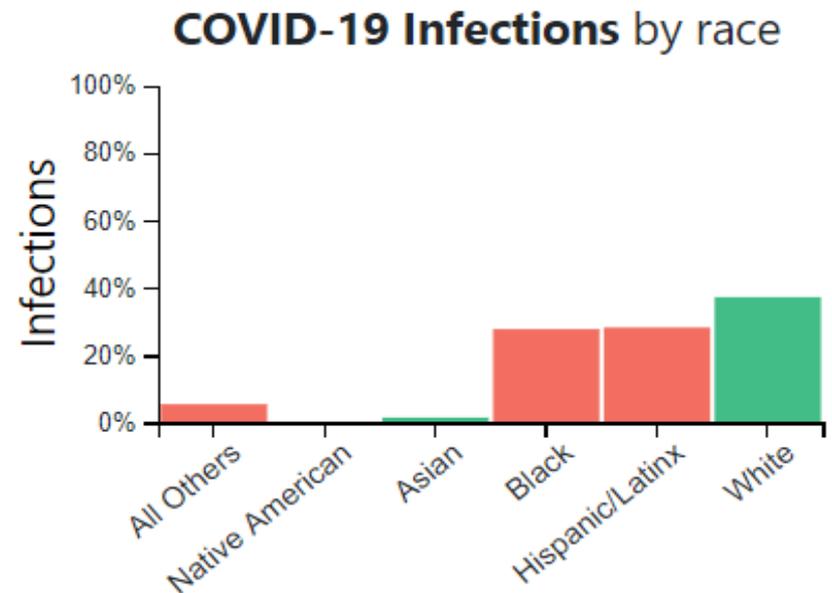
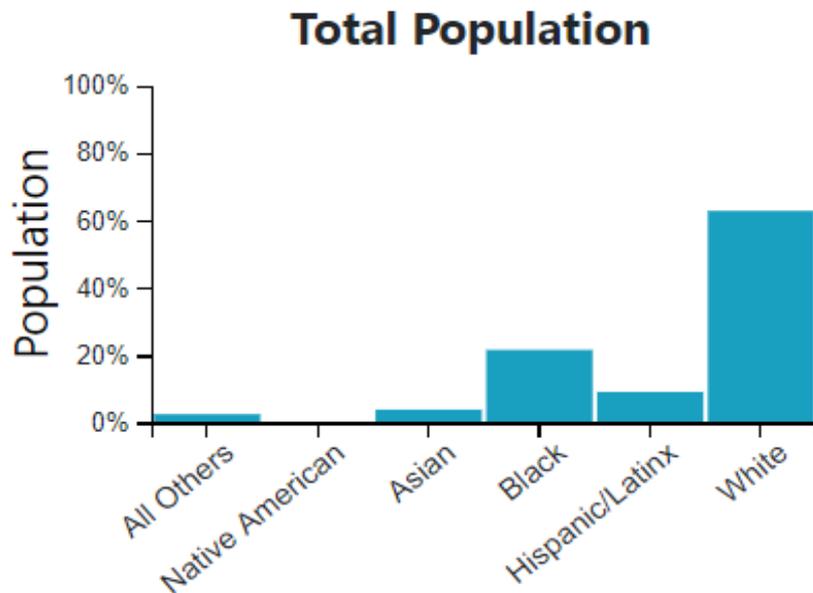
Public Safety 

Transportation 



RESPONSE, RECOVERY AND RESILIENCE

Infection Disparity by Race in Delaware



The HCD approach is a critical investment in:

- Responding to urgent needs of COVID-19 in the short-term
- **Building community resilience for the long-term**





PROCESS FOR DEVELOPING FY 22 RECOMMENDATIONS

FY 22 TIMELINE

- October
 - **10/06- Meeting #1**
 - Overview of settlement and budget
 - Review of applications and recommendation scenarios
 - **10/22- Meeting #2**
 - TBD
- November
 - **11/05- Meeting #3**
 - TBD
 - Vote on final recommendations
 - **11/15- Recommendations due to Governor Carney and the General Assembly**
- Questions?





PUBLIC COMMENT

NEXT PUBLIC MEETINGS:

- Thursday, October 22, 2020
 - 2:00 pm – 4:00 pm
 - Virtual
- Thursday, November 5, 2020
 - 2:00 pm – 4:00 pm
 - Virtual





THANK YOU