

Annual Report 2019



Delaware State Health Improvement Plan

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**DELAWARE HEALTH
AND SOCIAL SERVICES**
Division of Public Health

Partnership for Healthy
Communities



UNIVERSITY OF DELAWARE
COMMUNITY ENGAGEMENT
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DELAWARE PUBLIC HEALTH ASSOCIATION

The Partnership for Healthy Communities at the University of Delaware prepared this report in collaboration with the Delaware Academy of Medicine/Delaware Public Health Association for the Delaware Department of Health and Social Services, Division of Public Health.

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For more information about Delaware's SHIP, visit www.delawareship.org

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EXECUTIVE SUMMARY

Following the first year of implementation within a five-year cycle, this 2019 Annual Report assesses policy improvements and the alignment of activities among nine key Delaware stakeholder groups (see Table 1, below) with the [2018-2023 Delaware State Health Needs Assessment](#) (DSHNA) and State Health Improvement Plan (SHIP). A SHIP is best practice for state health departments and is required for accreditation by the [Public Health Accreditation Board](#) (PHAB).

The DSHNA identified and prioritized local and statewide strategies that address critical health needs. This data was gathered with four nationally recognized [Mobilizing for Action through Planning and Partnerships](#) assessments: forces of change, local public health assessment, community themes and strengths, and community health status. The DSHNA identified four areas of priority focus: chronic disease; maternal and child health; substance use disorders; and mental health. Fourteen recommendations were provided to address these four priority areas (See Table 2, opposite).

Table 1. Key Stakeholder Groups

- [Addiction Action Committee](#)
- [Delaware Behavioral Health Consortium \(BHC\)](#)
- [Delaware Cancer Consortium \(DCC\)](#)
- [Delaware Chronic Disease Coalition](#)
- [DPH- Health Promotion and Disease Prevention Section](#)
- [DHSS- Substance Use Disorder Strategy Mapping Team](#)
- [Delaware Healthy Mother and Infant Consortium \(DHMIC\)](#)
- [Delaware Healthy Neighborhoods \(SIM grant\)](#)
- [University of Delaware Partnership for Healthy Communities \(PHC\)](#)

Source: Summary of Delaware State Health Needs Assessment and Delaware State Health Improvement Plan Recommendations Report 2017

There is substantial alignment underway across each of the Delaware SHIP priority areas, with most emphasis on chronic disease. SHIP Team members assessed the extent to which planned or implemented strategies discussed at stakeholder meetings aligned with the SHIP recommendations and priority areas. The greatest degree of alignment within the chronic disease area was observed in “making the healthy choice the easy choice.” The least amount of alignment is occurring around efforts to increase the number of Medicaid dental providers in underserved areas.



Table 2. SHIP Priority Areas and Recommendations

Chronic Disease

1. Reduce obesity by promoting healthy diet and exercise
2. Increase access to healthy foods
3. Improve the built environment
4. Promote access to remote patient monitoring for patients with chronic conditions
5. Increase access to community health workers and care coordination
6. Reduce lung disease (e.g. asthma, lung cancer, chronic obstructive pulmonary disease)
7. Increase the number of primary care physicians in underserved areas
8. Increase the number of Medicaid dental providers in underserved areas
9. Develop a focused effort to “make the healthy choice the easy choice”

Maternal & Child Health

10. Embed education for pre- and inter-conception care in schools

Substance Use Disorders

11. Reduce tobacco and tobacco-substitute use
12. Reduce substance use

Mental Health

13. Improve access to behavioral and mental health services

System-wide Recommendations

14. Adopt a Policy, Systems, and Environmental (PSE) change approach to promoting health in all policies, incorporating a social marketing approach, and addressing the social determinants of health

Source: Summary of Delaware State Health Needs Assessment and Delaware State Health Improvement Plan Recommendations Report 2017

In the area of maternal and child health, stakeholder groups were more aligned to promote health education and emphasize healthy parenting in schools and less aligned around efforts to incorporate graduated levels for health education in schools. In addressing substance use disorder, stakeholder groups were in strong alignment to reduce substance use disorders and were very focused on opioid use disorder in the wake of the current epidemic.

There was less alignment to reduce tobacco and tobacco substitute use; however, the passage and signing of Senate Bill 25 in 2019 raised the minimum age to buy tobacco and vape products from 18 to 21, a sign of great progress.

In the area of mental health, stakeholders were most aligned around improving access to behavioral and mental health services, with less alignment on providing each school with a trained mental health provider. However, efforts to help fund and/or expand these type of services are underway through the FY2020 Delaware budget and the federal State Opioid Response grant.

EXECUTIVE SUMMARY (continued)

Despite extensive coordination, gaps in alignment remain across the following SHIP recommendations (see Figure 1, opposite):

- Increase access to healthy foods to reduce heart disease, hypertension, and diabetes;
- Improve the built environment to promote walking, biking, and other forms of active transportation;
- Promote access to remote patient monitoring for patients with chronic conditions;
- Increase access to primary care by increasing the number of primary care physicians in underserved areas; and
- Increase access to dental care by increasing the number of Medicaid dental providers in underserved areas.

The DSHNA also determined that none of these recommendations can or should be implemented separately. To receive the biggest benefit, the Delaware SHIP recommended a policy, systems and environmental (PSE) approach. System-wide, stakeholders have promoted health in all policies, engaged in social marketing campaigns, and addressed the social determinants of health. Strategies are underway to make neighborhood-level data more transparent and accessible, while working to align efforts and investments in improving social determinant conditions. SHIP processes (including statewide gatherings and webinars; a new SHIP website with information, resources, and stakeholder spotlights; and increased efforts to expand and grow engagement and alignment) will help refine and realize SHIP goals for a healthier Delaware.



“making the healthy choice the easy choice”

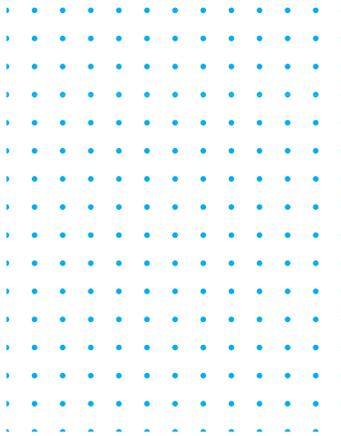
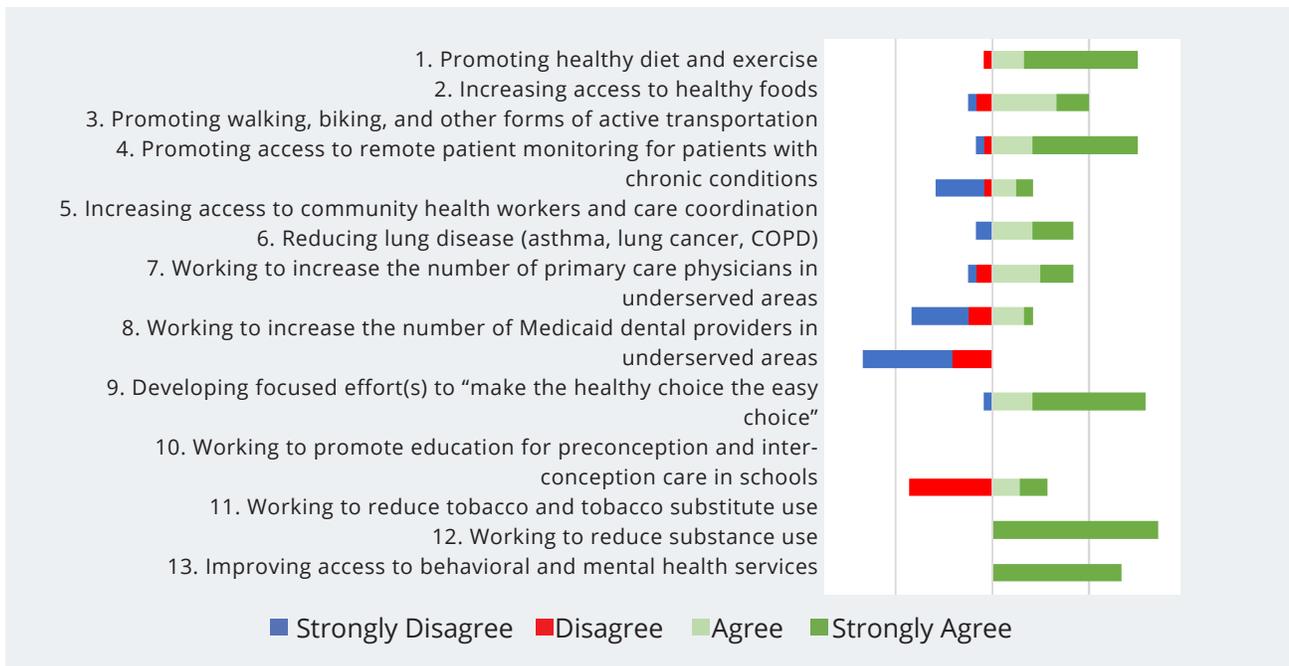
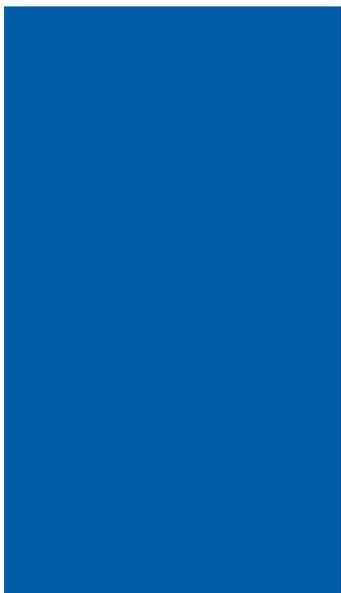


Figure 1. Alignment of Programs with SHIP Recommendations, 2018-2019



Source: STAT Summary Observations from 38 Stakeholder Meetings conducted between May 2018 and June 2019



ACRONYMS

AAPP - Alliance for Adolescent Pregnancy Prevention

Academy/DPHA - Delaware Academy of Medicine/ Delaware Public Health Association

BHC - Behavioral Health Consortium

CDC - Centers for Disease Control and Prevention

CT - Computed tomography

DCADV - Delaware Coalition Against Domestic Violence

DCC - Delaware Cancer Consortium

DEMCO - Delaware Multicultural and Civic Organization

DHCC - Delaware Health Care Commission

DHMIC - Delaware Healthy Mother and Infant Consortium

DHSS - Delaware Department of Health and Social Services

DIDER - Delaware Institute for Dental Education and Research

DMMA - Division of Medicaid and Medical Assistance

DOE - Delaware Department of Education

DPH - Division of Public Health

DSAMH - Division of Substance Use and Mental Health

DSCYF - Department of Services for Children, Youth and their Families

DSHNA - Delaware State Health Needs Assessment

DSMP - Diabetes Self-Management Program

DTRN - Delaware Treatment and Referral Network

EO - Executive Order

FQHC - Federally Qualified Health Centers

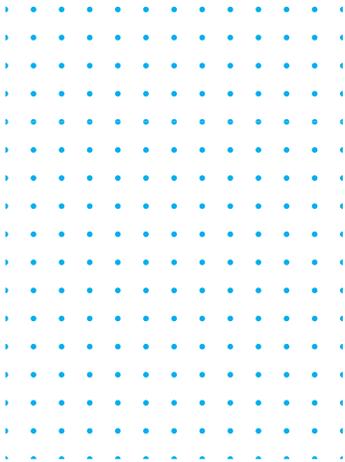
FY - Fiscal Year

HB - House bill

HiAP - Health in All Policies

HCD - Healthy Communities Delaware

HIPAA - Health Insurance Portability and Accountability Act



HRSA - Health Resources and Services Administration
KSCC - Kent Sussex Community Services
MAT - Medication-assisted treatment
MHA - Mental Health Association
NCALL - National Council on Agricultural Life and Labor Research Fund, Inc.
OUD - Opioid Use Disorder
PANO - Physical Activity, Nutrition and Obesity
PHAB - Public Health Accreditation Board
PHC- The Partnership for Healthy Communities, University of Delaware
PSE - Policy, systems and environmental change
RWJF - Robert Wood Johnson Foundation
SAMHSA - Substance Abuse and Mental Health Services Administration
SB - Senate bill
SBHCs - School-based health centers
SCHC - Sussex County Health Coalition
SDOH - Social determinants of health
SHIP - State Health Improvement Plan
SIM - State Innovation Model
SNAP-Ed - Supplemental Nutrition Assistance Program – Education
SOR - State Opioid Response (Grant)
START - Substance Use Treatment and Recovery Transformation
STAT - SHIP Team Assessment Tool
SUD - Substance Use Disorder
UD - University of Delaware
WIC - Special Supplemental Nutrition Program for Women, Infants, and Children
WILMAPCO - Wilmington Area Planning Council

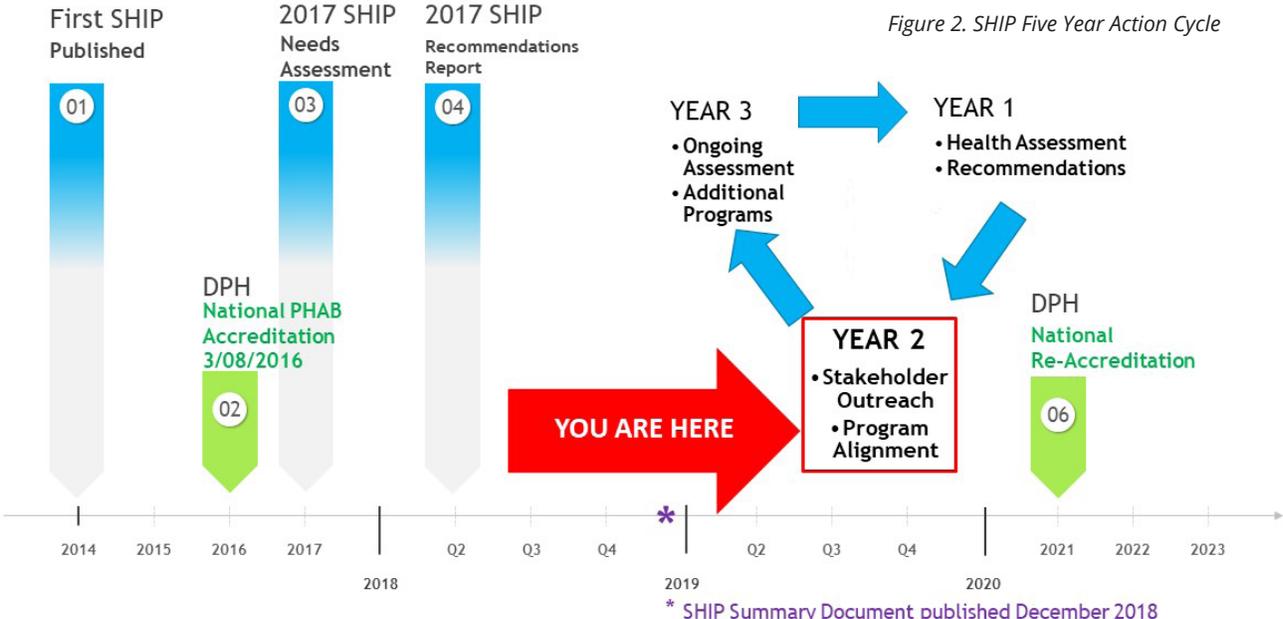
For a complete list of these acronyms with links,
visit www.delawareship.org

BACKGROUND AND PURPOSE

There are many institutions and groups, from all sectors, working toward the common goal of a healthy Delaware. Given the complex health challenges facing our communities, coordination is critical, yet immensely challenging. To this end, the Delaware **Department of Health and Social Services (DHSS), Division of Public Health (DPH)** engages with stakeholders, the community, and partners across the state to assess the health needs of Delawareans and to develop a **State Health Improvement Plan (SHIP)**. According to the Association of State and Territorial Health Officials, a SHIP is not designed to assess the performance of any one agency or program, but the state’s overall health system performance with the goal of quality improvement. The National **Public Health Accreditation Board (PHAB)** explains that the purpose of a state health improvement plan is to “describe how the health department and the community it serves will work together to improve the health of the population of the jurisdiction that the health department serves. The community, stakeholders, and partners can use a solid SHIP to set priorities, direct the use of resources, and develop and implement projects, programs, and policies.” Therefore, the Delaware SHIP is not only a plan for DPH implementation, planning, and evaluation, but also a system-wide guide for how organizations and sectors working across the state can partner to strengthen system capacity, align and move in common directions, and ultimately improve the health of the state’s population.

This 2019 SHIP Annual Report outlines SHIP priority areas, recommendations, and key stakeholder groups working to advance SHIP-related priorities. This report focuses on the degree to which stakeholder efforts are aligned with Delaware’s 2018-2023 SHIP in the first year of the five-year action cycle (see Figure 2,) and highlights examples of stakeholder strategies that are closely aligned with the SHIP.

The **Delaware State Health Needs Assessment (DSHNA)** and the SHIP outline the Delaware SHIP priority areas and recommendations for 2018 - 2023. The four focus areas and their respective recommendations are listed on the facing page.



Chronic Disease

- Reduce obesity by promoting healthy diet and exercise
- Increase access to healthy foods
- Improve the built environment
- Promote access to remote patient monitoring for those with chronic conditions
- Increase access to community health workers and care coordination
- Reduce lung disease (e.g. asthma, lung cancer, chronic obstructive pulmonary disorder)
- Increase the number of primary care physicians in underserved areas
- Increase the number of Medicaid dental providers in underserved areas
- Develop a focused effort to “make the healthy choice the easy choice”
 - Review existing multi-level policies (e.g., Sugar Sweetened Beverage Tax, agriculture subsidies)
 - DPH should review and revise language in contracts to encourage Policy, Systems, and Environmental (PSE) changes that facilitate healthy choices

Maternal and Child Health

- Embed education for pre- and inter-conception care in schools
 - Promote and incorporate graduated levels for education in schools
 - Incorporate health education emphasizing healthy parenting in schools

Substance Use Disorders

- Reduce tobacco and tobacco-substitute use
- Reduce substance use
 - Statewide public media campaign to address the stigma of both substance use and treatment
 - Work with healthy neighborhoods to incorporate community-based solutions to curtail substance misuse, particularly opioid misuse
 - Universal education for practitioners in the field around identifying substance use disorder and trauma-informed care

Mental Health

- Improve access to behavioral and mental health services
 - Provide every school with a trained mental health provider (i.e. school behavioral health consultant)
 - Increase pay for mental health providers to alleviate shortages
 - Expand access to mental health services by increasing the number of mental health providers in underserved areas

To receive the biggest benefit, the DSHNA and SHIP also point to efforts needed system-wide. These recommendations to adopt a **Policies, Systems, and Environmental** (PSE) approach include:

- Addressing the **Social Determinants of Health** (SDoH);
- Promoting **Health in All Policies** (HiAP); and
- Incorporating a **Social Marketing Approach**.

The SHIP process is also a key component of the **Public Health Accreditation Board**'s (PHAB) rigorous national health standards. The PHAB is a nonprofit, nongovernmental organization created to serve as the national public health accrediting body. It is jointly funded by the Centers for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation (RWJF). The development of national public health accreditation involves - and is supported by - public health leaders and practitioners from the national, state, local, tribal, and territorial levels. Delaware's DPH is one of 36 state health departments currently accredited by PHAB.¹ The National Public Health Accreditation Board explains that the purpose of a state health improvement plan is to "describe how the health department and the community it serves will work together to improve the health of the population of the jurisdiction that the health department serves. The community, stakeholders, and partners can use a solid SHIP to set priorities, direct the use of resources, and develop and implement projects, programs, and policies."² Therefore, the Delaware SHIP is not only a plan for DPH implementation, planning, and evaluation, but also a system-wide guide for how organizations and sectors working across the state can partner to strengthen system capacity, align and move in common directions, and ultimately improve the health of the state's population.

More information about the Delaware SHIP, including prior plans and reports, is available online at **www.delawareship.org**.

Why is PHAB Accreditation important? PHAB aims to improve and protect the health of the public by advancing and transforming the quality and performance of governmental public health agencies in the U.S. and abroad. Essentially, people can be assured that the programs and services they receive from their accredited health departments are as responsive as possible to the needs of their communities.³

¹ National voluntary accreditation for public health departments. (June 4, 2019) Retrieved from **<https://www.phaboard.org>**

² Public Health Accreditation Board (2013, December). Standards and Measures, Version 1.5. Retrieved September 24, 2019 from **<https://chfs.ky.gov/agencies/dph/Documents/PHABVersion15.pdf>**

³ Riley, W.J., Bender, K., & Lownik, E. (2012, Feb). Public Health Department Accreditation Implementation: Transforming Public Health Department Performance. *AJPH*, 102(2), 237-242. Retrieved from **<https://ajph.aphapublications.org/doi/10.2105/AJPH.2011.300375>**

WHAT ARE THE SOCIAL DETERMINANTS OF HEALTH?

“Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the social determinants of health.”⁴

WHAT IS HEALTH IN ALL POLICIES?

“Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. The goal of Health in All Policies is to ensure that decision-makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process. A Health in All Policies approach identifies the ways in which decisions in multiple sectors affect health, and how better health can support the goals of these multiple sectors. It engages diverse governmental partners and stakeholders to work together to promote health, equity, and sustainability, and simultaneously advance other goals such as promoting job creation and economic stability, transportation access and mobility, a strong agricultural system, and educational attainment. There is no one “right” way to implement a Health in All Policies approach, and there is substantial flexibility in process, structure, scope, and membership.”⁵

WHAT IS A SOCIAL MARKETING APPROACH?

“Social marketing is an excellent tool for promoting public health activities. For example, it may be used to promote breastfeeding. Social Media can be used to promote breast feeding in community, hospital, and workplace settings; educate policy makers about issues related to breastfeeding; and educate the public about healthy infant nutrition practices and support programs. Social marketing is a systematic and strategic planning process that results in an intended practice or program.

Many different definitions of social marketing exist, but most have these common components:

- The adoption of strategies used by commercial marketers;
- A goal of promoting voluntary behavior change (not just improved knowledge or awareness);
- An end goal of improving personal or societal welfare; and
- The use of pro-health messages (for public health campaigns).”⁶

⁴ HealthPeople2020. Social Determinants of Health. Retrieved October 7, 2019 from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

⁵ Centers for Disease Control and Prevention, Health in All Policies. Retrieved October 7, 2019 from <https://www.cdc.gov/policy/hiap/index.html>

⁶ Centers for Disease Control and Prevention, Strategy 8. Social Marketing. Retrieved October 8, 2019 from <https://www.cdc.gov/breastfeeding/pdf/strategy8-social-marketing.pdf>

Process

Upon entering the action cycle of the Delaware SHIP, DPH contracted with the **Partnership for Healthy Communities (PHC)** at the **University of Delaware (UD)**, working in collaboration with the **Delaware Academy of Medicine/Delaware Public Health Association (Academy/DPHA)**, to assess and communicate ongoing progress and help identify and address gaps.

This SHIP Team assembled in 2018 and began to engage with nine key stakeholder groups identified by DPH as “big lever” or “high impact” groups to work for change in the SHIP priority areas (Image 1). Additional stakeholders working on key areas of the Delaware SHIP were identified throughout the assessment process described in the next paragraph; their efforts are also included in this report. This report provides a baseline understanding of SHIP-related activities among key stakeholder groups.

From June 2018 through May 2019, the SHIP Team attended and collected information from 38 stakeholder meetings. Half of the meetings were at the committee or consortium level, and the other half were meetings of sub-committees or work groups within a larger group umbrella. The SHIP Team used a 45-item SHIP Team Assessment Tool (STAT) to collect and record information about the stakeholder group (i.e. name, mission, leadership, focus, strategies, and activities) and then assess stakeholders’ planned or implemented strategies with respect to the 14 SHIP recommendations and priority areas. The STAT tool is in Appendix A.



Feedback

Feedback, including corrections, updates, and areas needing greater attention or detail, should be addressed to PHC (see page 2 for contact information) or submitted via a Delaware SHIP Stakeholder survey on the Delaware SHIP website: <http://delawareship.org>

Image Credit: University of Delaware

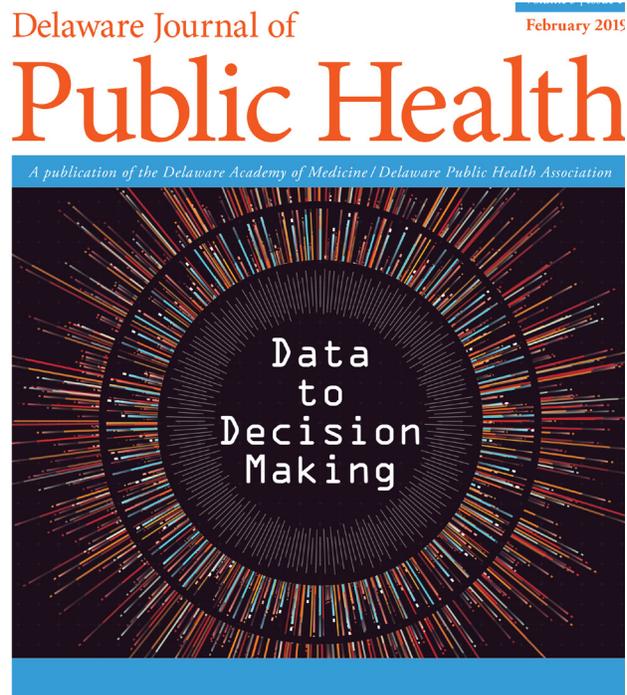


Image 1. Graphic Recorder Lisa Nelson creates visual notes of the UD-DSU policy academy held on April 17, 2019 that focused on structural racism and health inequities in the U.S.

For each meeting observation, SHIP Team members assessed the extent to which planned or implemented strategies discussed at the meeting aligned with the SHIP recommendations and four priority areas. Activities were assessed from having “no alignment,” “partial alignment” and “extreme alignment” to the SHIP recommendations. For example, if a stakeholder group implemented efforts to address or prevent behavioral or mental health conditions, but weren’t working on strategies specifically addressing access to behavioral and mental health services (per the recommendation), their work would be assessed as “partial alignment” since the efforts included a SHIP priority area focus but were not directed specifically toward a SHIP recommendation. Key milestones reports issued by DPH (i.e. [The Impact of Diabetes in Delaware, 2019](#); and [Cancer Incidence and Mortality in Delaware, 2011-2015](#)) were also included in this assessment. Finally, the SHIP Team conducted a legislative policy scan for efforts that align with SHIP priorities and system-wide recommendations.

This assessment approach entailed subjective interpretation by the SHIP Team members of the recommendations as outlined in the Delaware SHIP, the strategies and activities communicated by stakeholders at the observed meetings, and how such strategies may or may not aim to advance the SHIP recommendations and priority areas. Additionally, each stakeholder group meets at different frequencies, so while all high impact groups were observed, some were observed more often than others. SHIP Team members attended subcommittee and work group meetings to help ensure that data collection was as comprehensive as possible. Further, SHIP Team members referred to meeting minutes, reports, and plans issued by the stakeholder groups for additional clarification, and sought input from stakeholder group leadership. The SHIP Team invited all high impact stakeholder groups to submit articles to the [Delaware Journal of Public Health](#) for its [February 2019](#) issue (*Image 2*). Those articles, reviewed as part of this report, described how the stakeholders’ work coordinated with Delaware SHIP priorities and objectives.

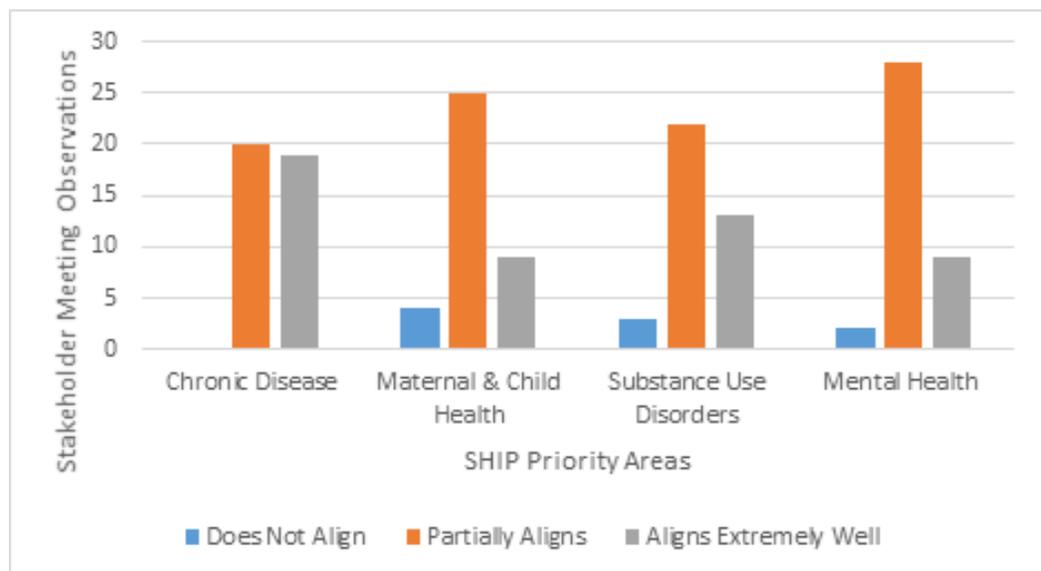
Image 2. DJPH Cover



Overall Results

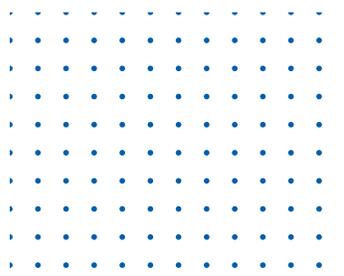
Aggregate data indicate that there was substantial alignment underway across each of the Delaware SHIP priority areas. As seen in *Figure 3*, there were high levels of “partial alignment” across all four priority areas, and although not as common, there was evidence of “extreme alignment” within each priority area. The priority area with the highest level of “extreme alignment” was chronic disease. The priority areas with the lowest levels of “extreme alignment” were maternal and child health and mental health, although both areas had higher levels of “partial alignment.”

Figure 3. Levels of SHIP Alignment per Priority Area, 2018-2019



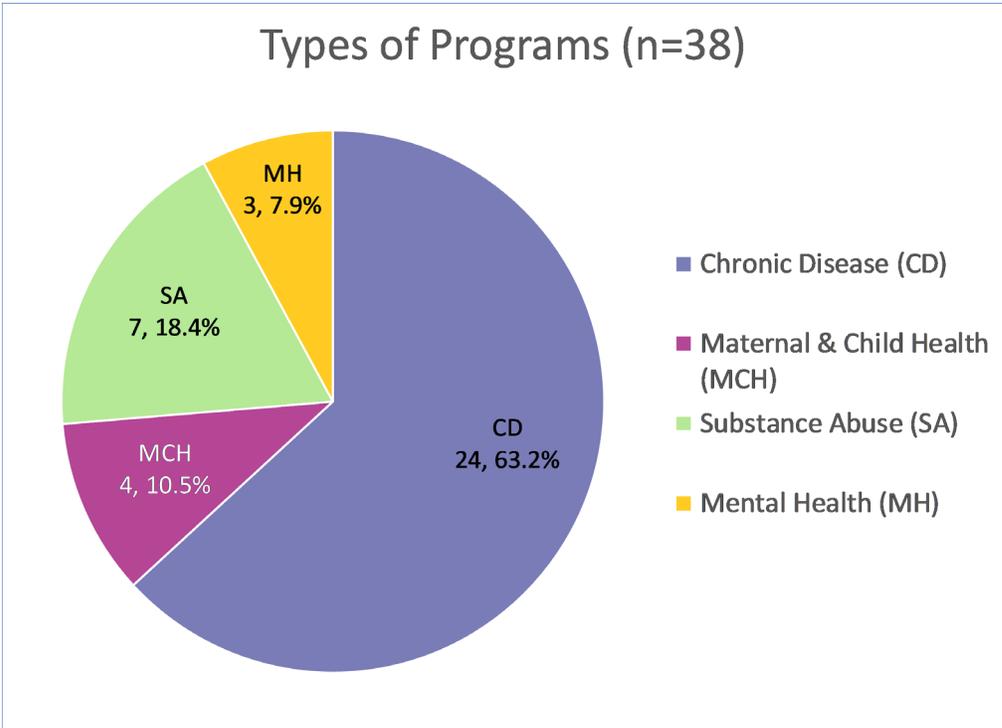
Source: STAT summary observations from 38 stakeholder meetings conducted between May 2018 and June 2019.

The SHIP priority area with the most alignment overall was chronic disease. Among the efforts of stakeholder groups, nearly two-thirds (63.2 percent) were aligned with chronic disease more than the other priority areas (*Figure 4, opposite*). Only 7.9 percent of stakeholders were found to be closely aligned with mental health. This may have been due, in part, to stakeholder groups addressing chronic disease within specific populations (i.e. mothers, people with mental illness) and may give insight to the higher levels of “partial alignment” seen across each priority area as shown in *Figure 3*.



Overall Results

Figure 4. Types of Programs Reported on May 2018 - June 2019



Source: STAT summary observations from 38 stakeholder meetings conducted between May 2018 and June 2019.

There were nine key stakeholder groups identified as “high impact” or “big lever” actors (*Table 1, below*) and 14 Delaware SHIP recommendations (*Table 2, facing page*). The next five sections describe how well aligned the efforts of these stakeholder groups were with the SHIP recommendations within each priority area. A more comprehensive crosswalk of the stakeholder groups’ activities is included in Appendix B.

Table 1. Key Stakeholder Groups

- Addiction Action Committee
<https://www.helpisherede.com/Addiction>
- Delaware Behavioral Health Consortium (BHC)
<https://ltgov.delaware.gov/behavioral-health-consortium>
- Delaware Cancer Consortium (DCC)
<https://www.healthylouisiana.org/Consortium/About>
- Delaware Chronic Disease Coalition
<http://dechronicdiseasecoalition.org>
- DPH- Health Promotion and Disease Prevention Section
<https://dhss.delaware.gov/dhss/dph/dpc/dpcsection.html>
- DHSS- Substance Use Disorder Strategy Mapping Team
<https://dhss.delaware.gov/dhcc/files/strategicplan.pdf>
- Delaware Healthy Mother and Infant Consortium (DHMIC)
<https://dethrives.com/dhmic>
- Delaware Healthy Neighborhoods (SIM grant)
<https://www.dehealthinnovation.org/healthy-neighborhoods>
- University of Delaware Partnership for Healthy Communities (PHC)
<https://sites.udel.edu/healthycommunities>

Table 2. SHIP Priority Areas and Recommendations

Chronic Disease

1. Reduce obesity by promoting healthy diet and exercise
2. Increase access to healthy foods
3. Improve the built environment
4. Promote access to remote patient monitoring for those with chronic conditions
5. Increase access to community health workers and care coordination
6. Reduce lung disease (e.g. asthma, lung cancer, chronic obstructive pulmonary disease)
7. Increase the number of primary care physicians in underserved areas
8. Increase the number of Medicaid dental providers in underserved areas
9. Develop a focused effort to “make the healthy choice the easy choice”

Maternal & Child Health

10. Embed education for pre- and inter-conception care in schools

Substance Use Disorders

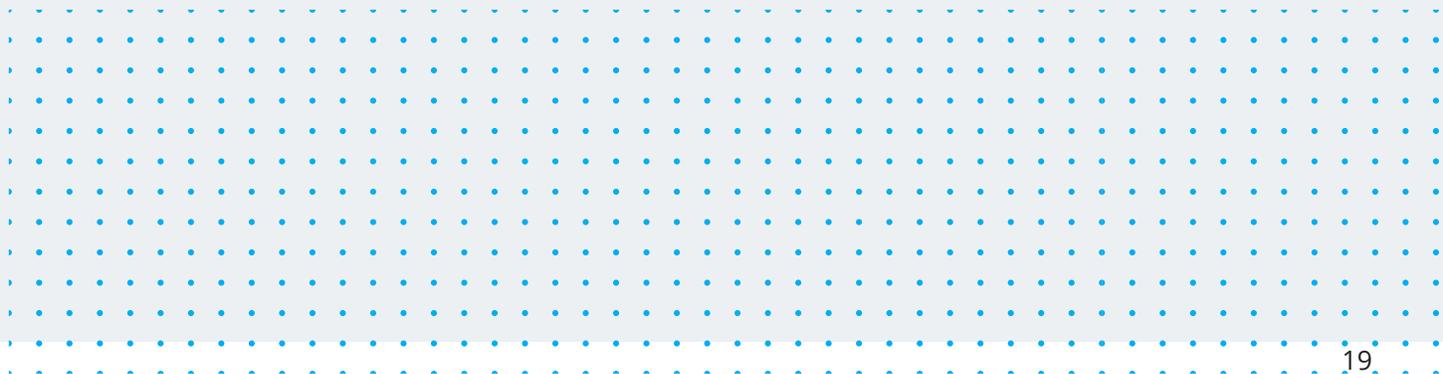
11. Reduce tobacco and tobacco-substitute use
12. Reduce substance use

Mental Health

13. Improve access to behavioral and mental health services

System-wide Recommendations

14. Adopt a Policy, Systems, and Environmental (PSE) change approach to promoting health in all policies, incorporating a social marketing approach, and addressing the social determinants of health

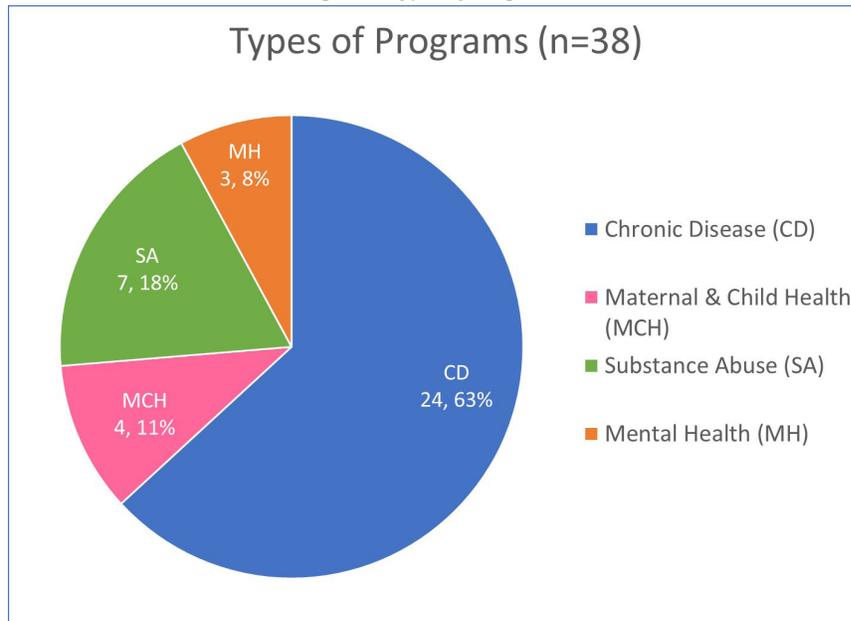


Overall Results

Alignment with SHIP Focus Areas and Recommendations

The SHIP steering committee attended 38 meetings of the various stakeholder group and subcommittee meetings and, using the STAT tool, tried to discern the alignment of these groups/subcommittees with the recommendations listed in the SHIP. Of these 38 groups, 24 best aligned with the chronic disease focus area, four best aligned with maternal and child health, seven best aligned with substance abuse, and three best aligned with mental health (see Figure 5).

Figure 5. Types of Programs



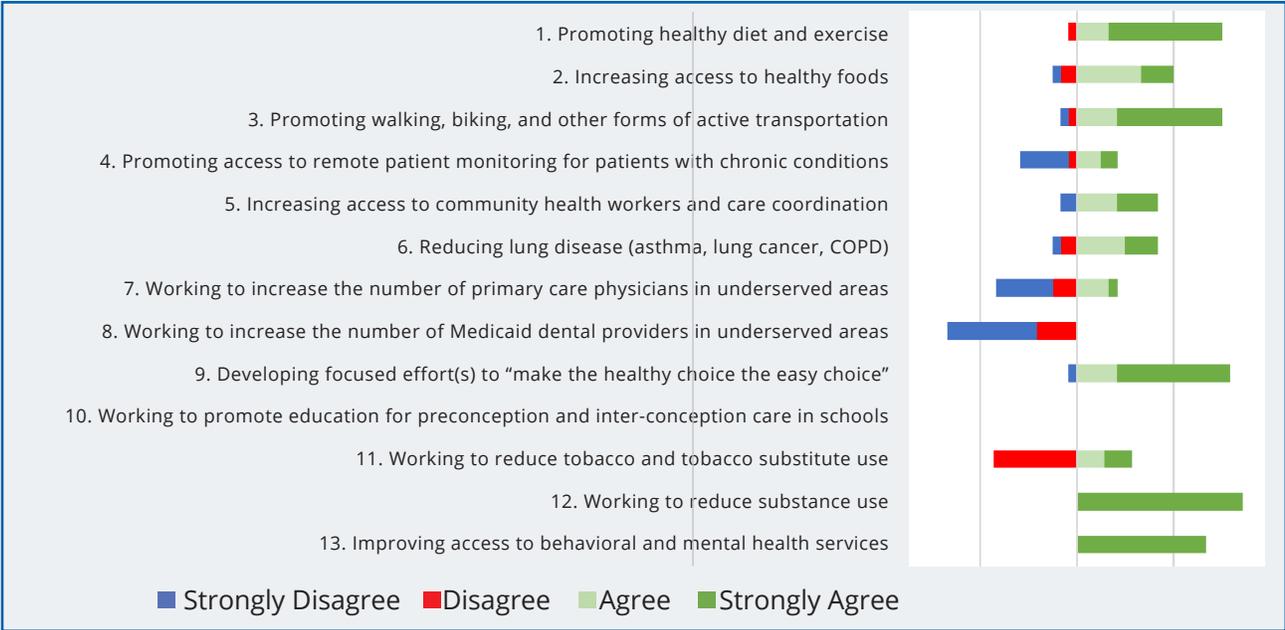
Source: STAT Summary Observations from 38 Stakeholder Meetings conducted between May 2018 and June 2019

Overall Results

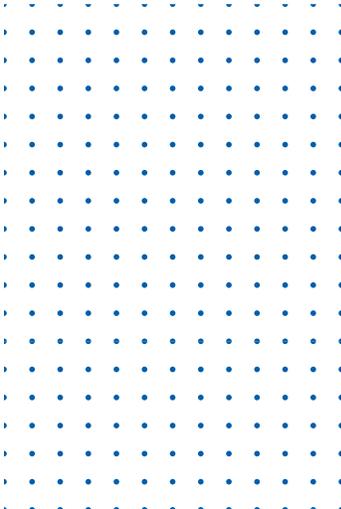
The STAT tool was used to rank each recommendation within a stakeholder’s focus area of best alignment on a likert scale (Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree). These responses were totaled, and used to determine how aligned the recommendations were to the key stakeholder programs’ goals and objectives.

Overall, the key stakeholder groups were most closely aligned with making the healthy choice the easy choice, reducing substance use, and improving access to behavioral and mental health services. They were least aligned with increasing the number of Medicaid dental providers and primary care physicians in underserved areas, and promoting access to remote patient monitoring (see Figure 6).

Figure 6. Alignment of Programs with Recommendations



Source: STAT Summary Observations from 38 Stakeholder Meetings conducted between May 2018 and June 2019

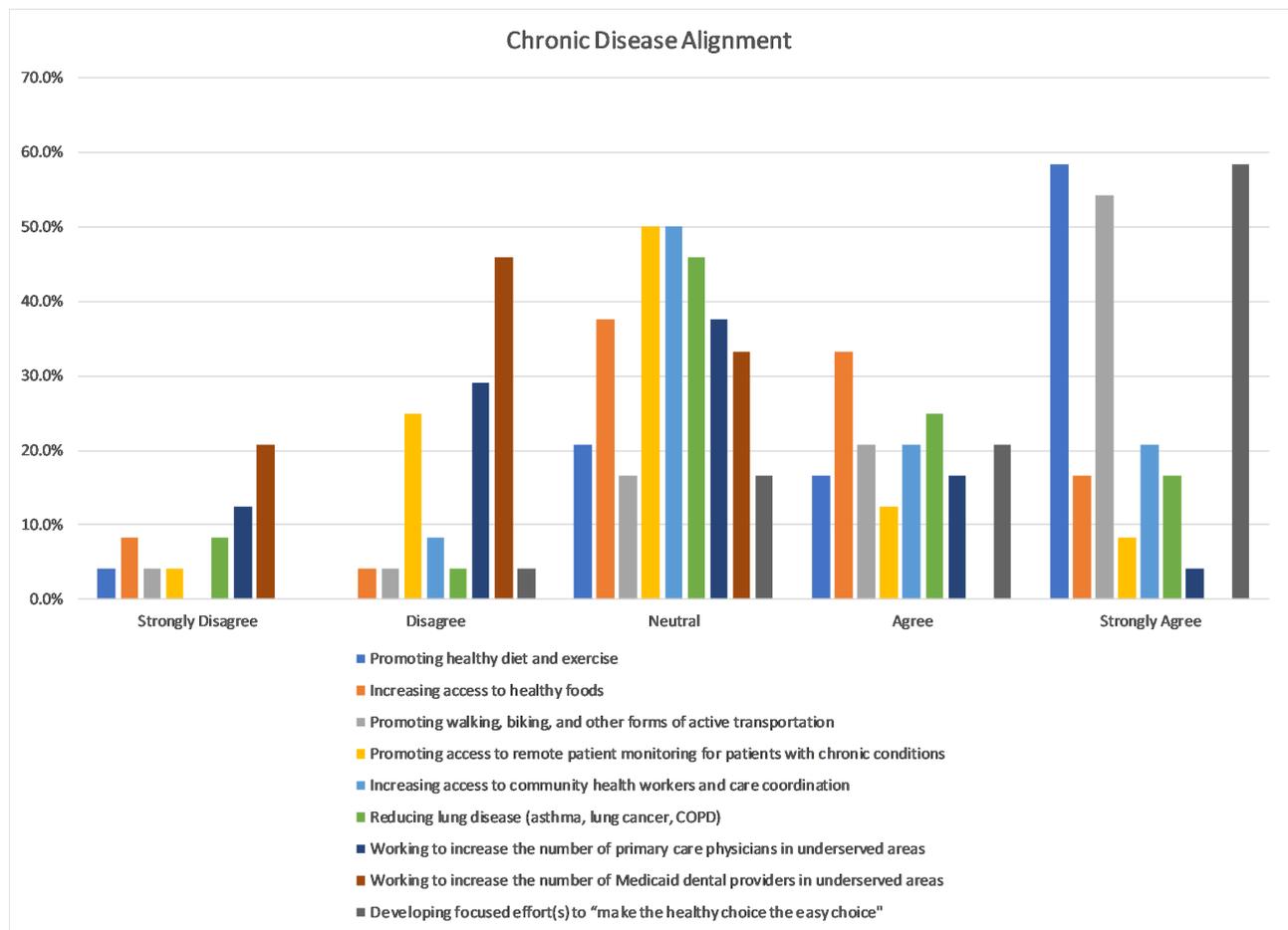


Overall Results

Chronic Disease

Twenty-four programs best aligned with the chronic disease focus area. The best alignment was with promoting healthy diet and exercise, and making the healthy choice the easy choice (see Figure 7). Least alignment (a likert scale answer of strongly disagree) was seen with working to increase the number of Medicaid dental providers in underserved areas.

Figure 7. Program Alignment with the Chronic Disease Focus Area Recommendations

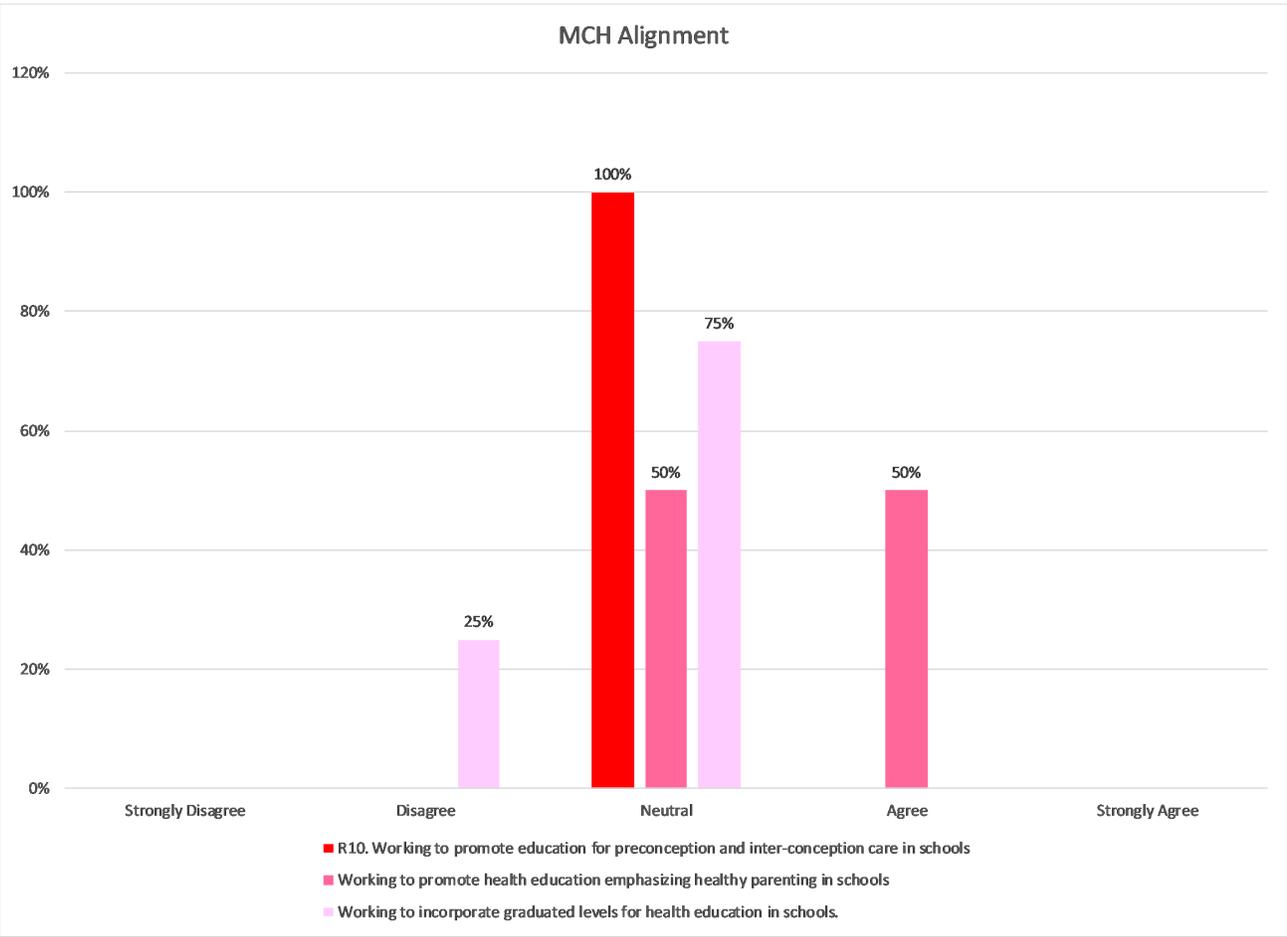


Source: STAT Summary Observations from 38 Stakeholder Meetings conducted between May 2018 and June 2019

Maternal and Child Health

Of the four groups that best aligned with the maternal and child health focus area, 100% were neutral in their alignment with the overall recommendation to promote education for preconception and inter-conception care in schools (see Figure 8). Half of the programs were working to promote health education emphasizing healthy parenting in schools. The least alignment in these programs was seen in working to incorporate graduated levels for health education in schools.

Figure 8. Program Alignment with the Maternal and Child Health Focus Area Recommendations



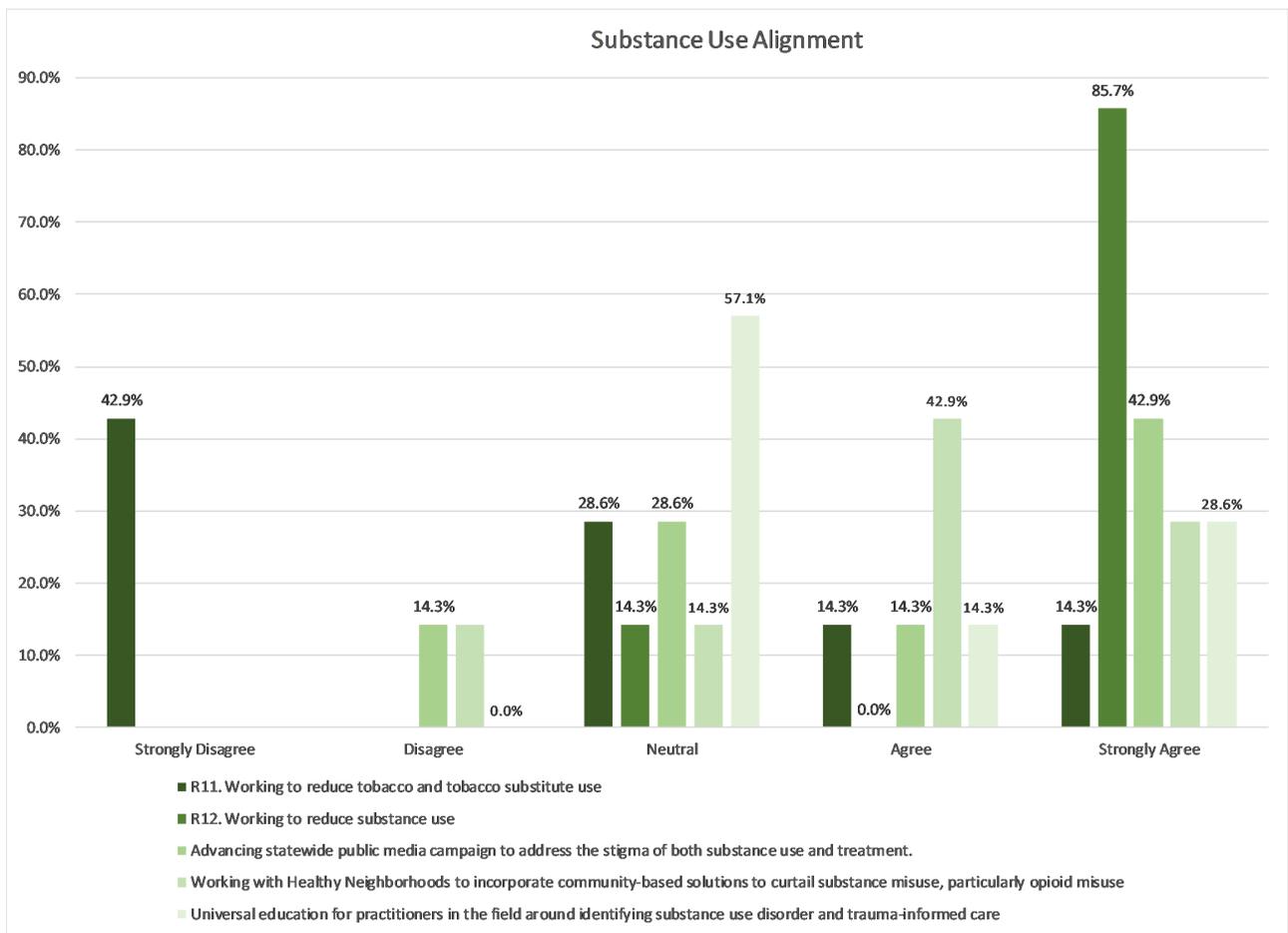
Source: STAT Summary Observations from 38 Stakeholder Meetings conducted between May 2018 and June 2019

Overall Results

Substance Use

There were two recommendations in the SHIP focusing on substance use. The second, working to reduce substance use, saw the best alignment in these programs, with 85.7% of the seven programs strongly agreeing (*see Figure 9*). The recommendation to work to reduce tobacco and tobacco substitute use saw the least alignment (42.9%).

Figure 9. Program Alignment with the Substance Use Focus Area Recommendations

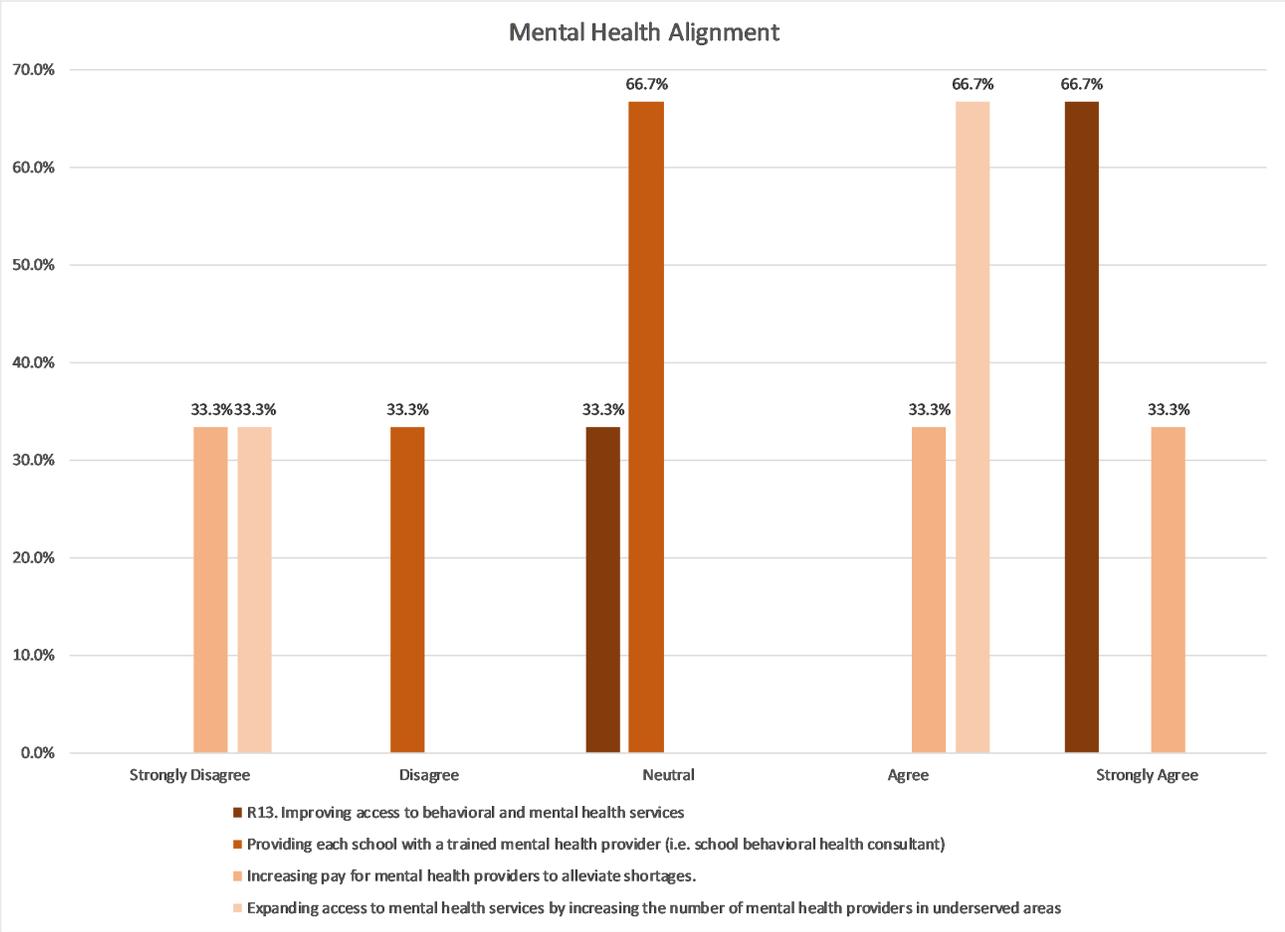


Source: STAT Summary Observations from 38 Stakeholder Meetings conducted between May 2018 and June 2019

Mental Health

Three groups within the mental health focus area aligned with the final focus area recommendation: improving access to behavioral and mental health services. This had very strong alignment within these groups (66.7%). Less alignment was seen in increasing pay for mental health providers to alleviate shortages and increasing the number of mental health providers in underserved areas (see Figure 10).

Figure 10. Program Alignment with the Mental Health Focus Area Recommendations



Source: STAT Summary Observations from 38 Stakeholder Meetings conducted between May 2018 and June 2019

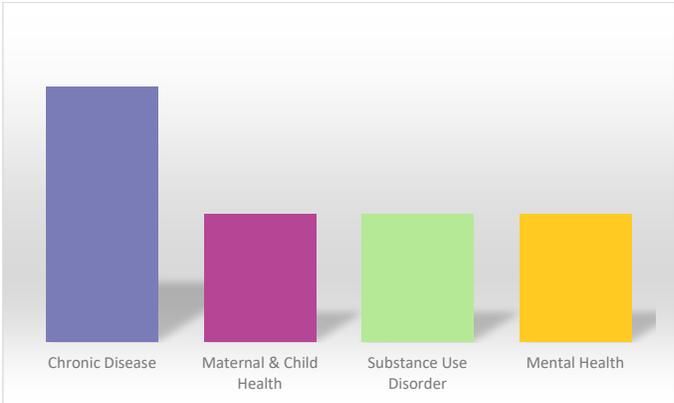
Chronic Disease

MOST ALIGNMENT	LEAST ALIGNMENT
Developing focused effort(s) to “make the healthy choice the easy choice”	Working to increase the number of Medicaid dental providers in underserved areas

The Delaware SHIP states that chronic diseases – including heart disease, diabetes, and asthma -- must be addressed at the state level, and that community-level intervention should be based on risk factors specific to those populations. The Delaware SHIP recommended targeted interventions around healthy diet, decreasing sugar-sweetened beverage consumption, and increasing access to recreational spaces for physical activity in Kent and Sussex counties. Statewide, key priorities focused on reducing obesity and lung disease; and increasing access to healthy foods, community health workers, care coordination, remote patient monitoring, and access to dental and primary care.

The [Delaware Healthy Neighborhoods](#) approach, as part of the State Innovation Model (SIM), produced stakeholder-led and data-informed population health strategies across the state spanning multiple SHIP priority areas (see Figure 11). Several of the Healthy Neighborhood Task Forces focused specifically on strategies to “make the healthy choice the easy choice” and worked with local partners to lead and implement programs to improve the built environment so it supports health promotion. Community programs, such as Open Streets Dover and Wilmington Play Streets, temporarily close streets to vehicles and open them up for play, recreation, active leisure, and active transportation, while aiming to change attitudes, incentivize physical activity, and raise awareness of opportunities in the community to become active. Strategies to enhance surveillance of these types of community supports for physical activity are part of a recent consensus study issued by the [National Academy of Sciences, Engineering and Medicine](#).⁷

Figure 11. Delaware Healthy Neighborhoods Alignment



Source: STAT Summary Observations from 38 Stakeholder Meetings conducted between May 2018 and June 2019

⁷ National Academies of Sciences, Engineering, and Medicine. 2019. Implementing Strategies to Enhance Public Health Surveillance of Physical Activity in the United States. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25444>.

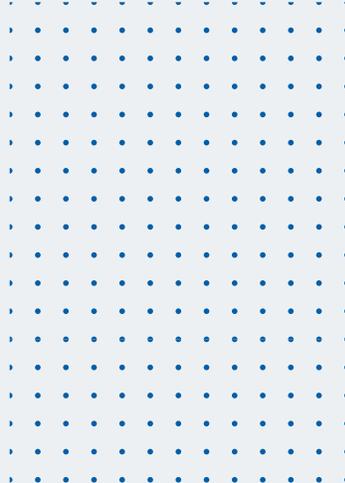
Chronic Disease

Image Credit: University of Delaware



Image 3. Families participate in an activity hub at an Open Streets Dover event.

The [National Council on Agricultural Life & Labor Research Fund, Inc.](#) (NCALL) and Restoring Central Dover led a planning group to host five Open Streets events in 2018 (see Image 3); some events reached up to 500 attendees in the priority population. While SIM funding has ended, NCALL continues to lend support to this strategy through the Restoring Central Dover community revitalization effort. NCALL is planning additional Open Streets Dover events in 2019.



Chronic Disease

In Wilmington, [Play Streets](#) temporarily closed neighborhood blocks to traffic and provided play equipment to create safe, fun, and healthy spaces for children, families and neighbors to connect and play right outside their doors (see Image 4). Led by the City of Wilmington Department of Parks and Recreation and funded by [ChristianaCare](#), 26 Play Streets in 2018 and 17 Play Streets events in Summer 2019 were rotated among eight Wilmington neighborhoods.

Image Credit: University of Delaware



Image 4. Play Streets Delaware

“*[Wilmington Play Streets] has helped out on many levels - building safer environments, social cohesion, bringing safety back. Community policing was definitely a highlight. Two teen boys commented that they saw police presence, but it was a different type of presence. Also kids eating the fresh fruits. Families were gracious. Over 100 degrees that night but everyone came out and we had a great time.*”

– *Wilmington Faith Leader and Neighborhood Civic Association President*

Policy efforts also complemented the strategies to “make the healthy choice the easiest choice.” The Wilmington City Council (Image 5) passed [Ordinance 18-046](#) in September 2018 regarding beverages offered in children’s meals, which was followed by Governor John Carney signing [House Bill \(HB\) 79](#) into law in July 2019, which requires restaurants to offer healthy beverages such as



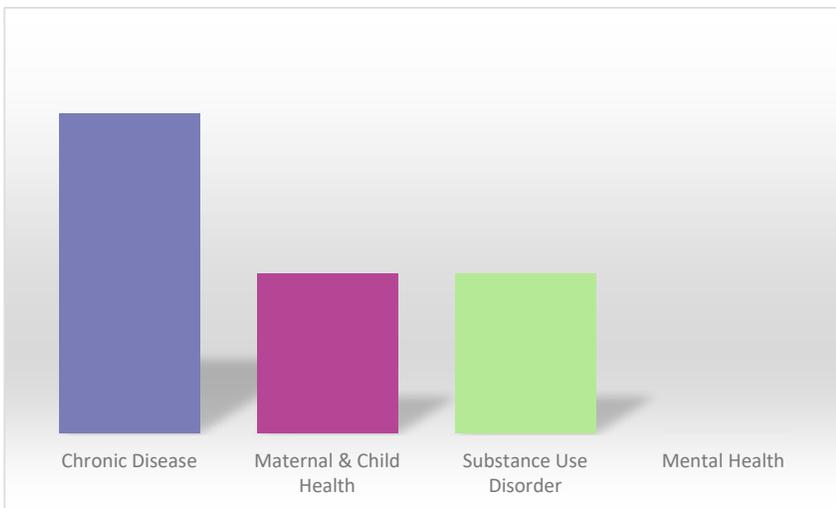
Image 5. Seal of the City of Wilmington, Delaware

water, milk and fruit juice as the ‘default’ drink included in children’s meals sold as a single unit. Although most stakeholder groups were generally aligned around the chronic disease priority

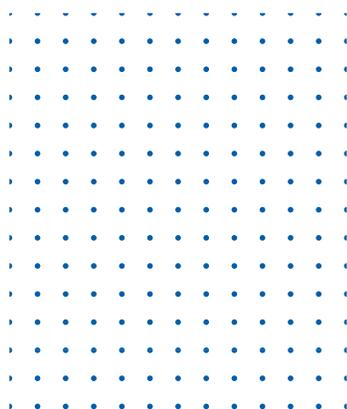
Chronic Disease

area, each group was not working on every chronic disease-related recommendation. However, stakeholder groups were working collaboratively to advance specific recommendations, such as those related to “reducing lung disease.” The First State remains the only state with a statewide comprehensive lung cancer screening program. The [Delaware Cancer Consortium \(DCC, see Figure 12\)](#) and DPH’s [Comprehensive Cancer Control Program](#) continue to implement a statewide lung cancer screening program that began in 2015. This program supports nurse navigators and promotes low-dose computed tomography (CT) scans for high-risk patients, including screening coverage for eligible uninsured patients through the evaluation and any subsequent testing.

Figure 12 - Delaware Cancer Consortium Alignment



Source: STAT Summary Observations from 38 Stakeholder Meetings conducted between May 2018 and June 2019



CANCER IN DELAWARE

- Delaware moved down in ranking (an improvement) from 16th to 18th among states for highest all-site cancer mortality
- The state’s mortality rate (175.1 deaths per 100,000 people) was still 7 percent higher than the U.S. rate of 163.5
- Delaware is narrowing disparity gaps, as the all-site mortality rate among non-Hispanic African-American men decreased by 30 percent.

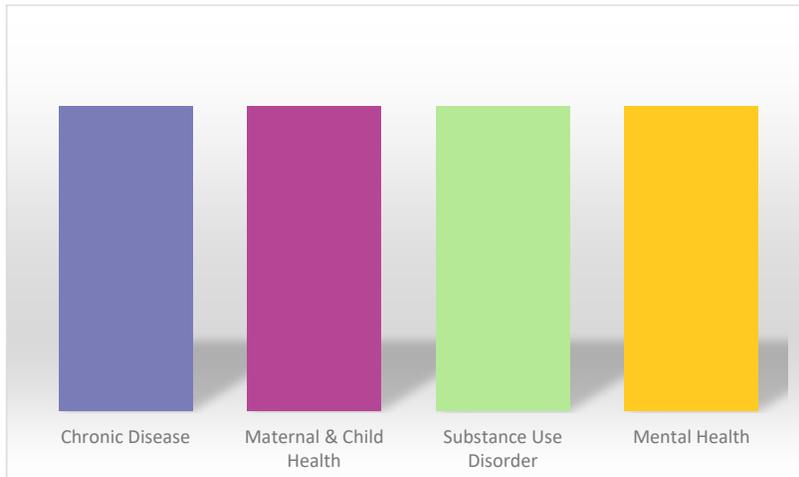
Read the full report from 2019: [Cancer Incidence and Mortality in Delaware 2011-2015](#), Delaware Health & Social Services, Division of Public Health

The DCC recommends lung cancer screening for individuals who meet the following criteria:

- Are 55 - 80 years of age
- Smoke or have smoked a pack of cigarettes a day for 30 or more years, or two packs a day for 15 or more years
- Currently smoke or quit smoking within the last 15 years

Chronic Disease

Figure 13 - DPH Health Promotion Disease Prevention Alignment



Source: STAT Summary Observations from 38 Stakeholder Meetings conducted between May 2018 and June 2019

Other chronic disease strategies underway by stakeholders include efforts to offer evidence-based self-management training programs. DPH's Health Promotion and Disease Prevention Section (see Figure 13) expanded access to these programs to help Delawareans prevent and manage chronic diseases. By collaborating with the [Delaware Medical Reserve Corps](#), DPH has trained hundreds of facilitators across the state to implement the following self-management programs: [Chronic](#)

[Disease Self-Management](#), [Cancer Thriving and Surviving](#)
[Self-Management](#), [Chronic Pain Management](#), and
[Diabetes Self-Management](#).

Image Credit: Crestock

The Diabetes Self-Management Education curricula and [National Diabetes Prevention Programs](#), along with statewide awareness campaigns and targeted outreach to vulnerable populations, were also part of a coordinated, statewide approach to diabetes prevention and disease management underway with DPH, DHSS Division of Medicaid and Medical Assistance (DMMA), and the [Delaware Department of Human Resources' Statewide Benefits Office](#) (see Image 6). [Biennial reports](#) detail the public health consequences and financial impact of diabetes approach, in accordance with the 2017 passage of [HB 203](#).

The Delaware Diabetes Self-Management Program (DSMP)

FREE Diabetes Education

- Delaware's diabetes mortality rate declined 28 percent
- Delaware's diabetes mortality rank among all states dropped from 18th to 41st

Image 6. Glucose Testing.

Chronic Disease

Least alignment by stakeholders engaged in chronic disease prevention and management was observed in relation to the SHIP recommendation to “increase access to dental care by increasing the number of Medicaid dental providers in underserved areas.” However, broader efforts to increase access to dental coverage were successful. The Delaware FY2020 budget contains \$1.3 million to provide adult dental coverage as part of the Medicaid service starting April 1, 2020. Additionally, dental coverage was expanded to adults receiving Medicaid when [Senate Bill \(SB\) 92](#) was signed into law in July 2019. Conversely, the [Delaware Institute for Dental Education and Research](#) (DIDER), charged by Delaware Code to meet the overall dental needs of Delaware communities (particularly for those who do not have access to dental care), saw reductions in state appropriations for FY2020.

In terms of underserved populations, dental practitioners receiving DIDER loan repayment support must agree to provide preventive dental care to eligible clients of DHSS [Division of Developmental Disabilities Services](#).

Loan repayment is awarded to part/full time practitioners employed with eligible providers and in underserved areas. In 2018, with funding provided

by DPH’s Bureau of Oral Health and Dental Services and support from the U.S. Health Resources & Services Administration (HRSA), the UD’s [Center for Disabilities Studies](#) conducted trainings to the Delaware dental workforce to improve access to oral health care and services for Delawareans with disabilities (see *Image 7*).

Since 2002 there have been 34 dental applicants. Of those, 25 were awarded loan repayment funds. They served as follows; seven in Sussex County, six in Kent County, and nine in New Castle County. One participant’s time was split between Kent and Sussex; another’s was split between New Castle, Kent, and Sussex; and lastly, another practitioner was split between New Castle and Kent. To date \$1,456,880 state and federal funds have been awarded to dental practitioners serving some of Delaware’s most vulnerable patients.



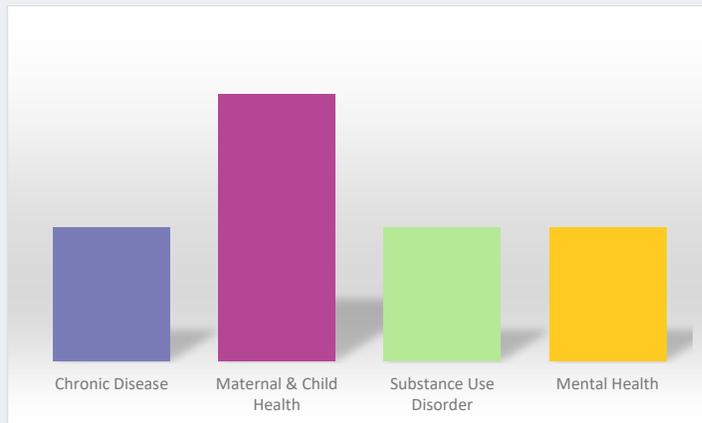
Maternal and Child Health

MOST ALIGNMENT	LEAST ALIGNMENT
Working to promote health education by emphasizing healthy parenting in schools	Working to incorporate graduated levels for health education in schools

The Delaware SHIP recommended that efforts to address maternal and child health concerns be targeted to teens and adolescents, especially in Wilmington, Dover, and Sussex County. Other priorities were to incorporate messaging in the educational setting, reduce the cost of care, and increase access to preventive services. While the primary Delaware SHIP recommendation for this priority area focused on “embedding education for preconception and inter-conception care in schools,” alignment in SHIP strategies utilized toward this goal varied.

Among Delaware SHIP recommendations, most alignment was around the many strategies underway by multiple stakeholders to promote health education in schools and set a strong foundation for improved knowledge, attitudes, and behaviors of Delawareans related to preconception health. [School-based health centers](#) (SBHCs) are a key source of primary

Figure 14 - Delaware Healthy Mother and Infant Consortium Alignment



Source: STAT Summary Observations from 38 Stakeholder Meetings conducted between May 2018 and June 2019

prevention and early intervention programming for Delaware youth. A multi-disciplinary team of health professionals operate SBHCs using a holistic approach to address the broad range of students’ health and health-related needs. Thirty-two SBHCs operate through DPH contracts with service providers. However, SBHC funding comes from different sources, including state, federal, and/or third parties; community partnerships; grant

sources, and in-kind or actual dollars from the school. The local school board or governing entity reviews all service components based on student population needs (identified through a needs assessment or a statement of need based on school data analyzed specifically for the center). Additional community partnerships with SBHCs aim to further advance these efforts.

Maternal and Child Health

Image Credit: Futures Without Violence



Image 8. Hanging Out or Hooking Up Promotional Message.

In a new partnership with DPH and Kent and Sussex County high school SBHCs, Turning Point at Peoples Place utilized the Futures Without Violence evidence-based program, Hanging Out or Hooking Up (see Image 8). The intervention promotes universal education on healthy relationships, enhances the skills and efficacy of health providers to assess for and respond to relationship violence, and informs changes to clinical policies and practices. This effort was funded by the Delaware Coalition Against Domestic Violence (DCADV) through the CDC.

DPH also funded several organizations in Delaware to provide community-based teen pregnancy prevention programming, and funded the [Alliance for Adolescent Pregnancy Prevention \(AAPP\)](#). The AAPP coordinates statewide adolescent pregnancy prevention initiatives and offers statewide educational programs for young people and their parents. Another DPH program, [My Life My Plan: Teen](#) helps teens plan for the lives they want, and assists youth groups and other leaders in offering teens the opportunity to engage in self-directed life planning. This was a strategy of the [Delaware Healthy Mother Infant Consortium \(DHMIC, see Figure 14, opposite\)](#), which provides statewide leadership and coordination of efforts to ultimately prevent infant mortality and improve the health of women of childbearing age and infants throughout Delaware.

While less stakeholder alignment was observed toward the Delaware SHIP recommendation to “incorporate graduated levels for health education in schools,” there was alignment and efforts among several stakeholders within other maternal and child health priorities, especially those related to reducing the cost of care and increasing access to preventive services. [Delaware Contraceptive Access Now](#), an initiative between the reproductive-health nonprofit [Upstream USA](#) and the State of Delaware, ensured that all women, regardless of their insurance status or where they receive their health care, had same-day access to a full range of contraceptive methods at low or no cost. The initiative aimed to reduce unintended pregnancies and support policy development that enables contraceptive access to all women who desire it. [Senate Bill 151](#), signed in July 2018, codified the current federal requirement that health insurance plans include coverage for contraceptives.

Maternal and Child Health

Additional DPH Health Promotion and Disease Prevention programs, such as the federal [Special Supplemental Nutrition Program for Women, Infants, and Children](#) (WIC), continued to promote access and prevention by working with families on healthy eating and active living, and providing breastfeeding education and support, cooking demonstrations with WIC foods, and supermarket tours for new WIC participants (see *Image 9*). DHMIC programs, such as the [Healthy Women Healthy Babies](#) program, provided health care, mental health, and nutrition services for women before, during, and after pregnancy. In Wilmington, a consortium funded by DPH engages over 20 agencies committed to working with neighborhood residents to address health disparities, improve birth outcomes, and prevent infant mortality in high-risk ZIP codes. The [Wilmington Consortium](#) worked to advance the priorities of the DHMIC through education and outreach, such as through community baby showers to provide education and resources, and recently launched “boot camp” programs for new parents. “[Boot Camp for New Dads®](#)” is a community-based workshop that trains seasoned dads to serve as coaches to new fathers in an effort to help them engage confidently with their infants and support their mates.

Image Credit: Food Bank of Delaware



Image 9, Delaware WIC Education Specialists.

Maternal and Child Health

Image Credit: State of Delaware



Image 10. Governor John Carney Signing House Bill 3.

During the first year of Delaware SHIP implementation, state-level policy changes with health impacts related to maternal and child health were enacted. **HB 3**, which became effective in April 2019 (see Image 10), requires that all full-time State employees continuously in the employ of the State for at least one year, including employees of school districts, shall be eligible for 12 weeks of paid leave upon the birth or adoption of a child 6 years of age or younger. Both parents are eligible for such leave.

 *“Parental leave is associated with lower rates of mortality for infants and young children, and infants are more likely to be breastfed and receive important immunizations and medical checkups. It can also reduce depressive symptoms in mothers.....Fathers who take paid leave are more likely to be involved in their child’s care over the long term; and when fathers take paid leave, women’s work opportunities and wages increase over time. Moreover, our children deserve every chance at the best start in life, and parental leave is an important tool in providing that chance.”*

– Governor John Carney

Substance Use Disorder

MOST ALIGNMENT	LEAST ALIGNMENT
Working to reduce substance use	Working to reduce tobacco and tobacco substitute use

After chronic disease, the strongest alignment identified around SHIP priority areas is substance use disorders, specifically, “working to reduce substance use.” Delaware stakeholder groups mobilized in the wake of the opioid epidemic; these efforts were accompanied by legislative changes, including over a dozen opioid-related bills that the 149th Delaware General Assembly passed and signed into law between 2017 and 2018. This alignment around the following three Delaware SHIP recommendations to reduce substance use include the following:

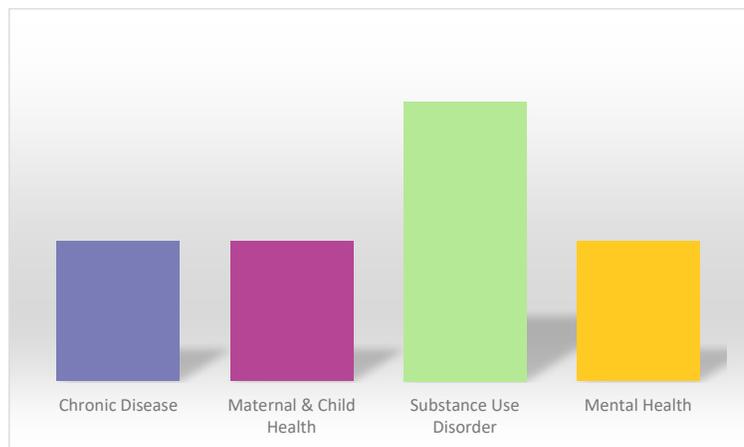
1) Statewide public media campaign to address the stigma of both substance use and treatment

Multiple stakeholders collaboratively addressed substance use disorder (SUD), particularly in response to the opioid epidemic. Two entities coordinated targeted communication efforts: the DHSS Substance Use Disorder Strategy Mapping Team (see Figure 15), designed to align resources internally at DHSS, and the

[Behavioral Health Consortium’s \(BHC\) Addiction Action Committee](#) (see Figure 16, opposite), a public-private partnership codified by the Delaware legislature and started by DPH and the [Medical Society of Delaware](#).

DPH enhanced and expanded the [HelpisHereDE.com](#) website as part of an educational community outreach campaign aimed at prescribers, residents and the community at large. The HelpisHereDE.com website features a provider section with SUD screening tools and patient materials on safe prescribing. An overdose response and prevention section added

Figure 15 - DHSS Substance Use Disorder Strategy Mapping Team Alignment



Source: STAT Summary Observations from 38 Stakeholder Meetings conducted between May 2018 and June 2019

Substance Use Disorder

in 2019 includes content regarding naloxone distribution, the Syringe Exchange Program, and “[OpiRescue Delaware](#),” a free smartphone application that provides step-by-step instructions

Image Credit: State of Delaware

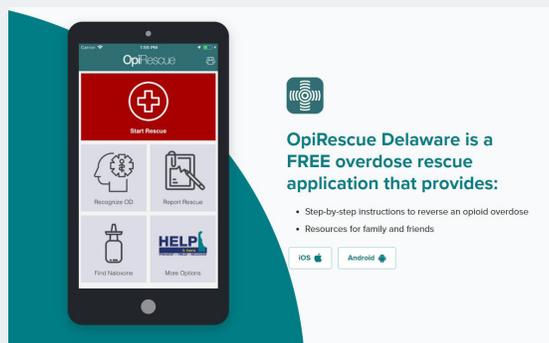
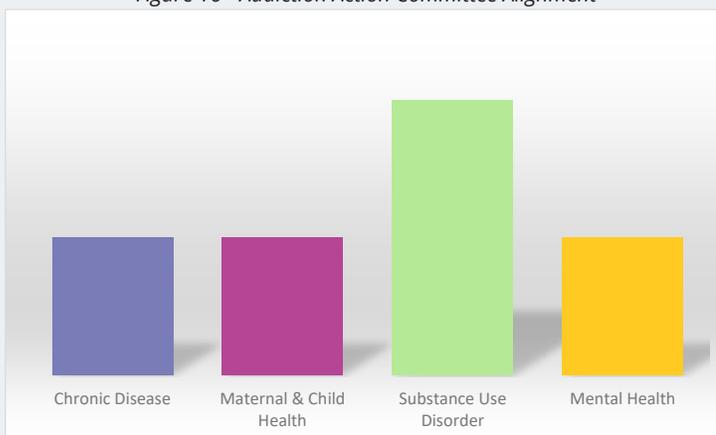


Image 11, OpiRescue Delaware App.

on how to recognize signs of an overdose, start rescue breathing, and locate and administer naloxone, the drug overdose reversing medication (see *Image 11*). DPH’s [Office of Health Crisis Response](#), established in 2019, quickly launched campaigns to educate providers and their patients on alternative therapeutic options to opioids and a post-operative pain management brochure targeted to surgeons and their patients.

In 2017, the Delaware General Assembly passed [SB 111](#) to establish the BHC to provide oversight and coordination of the state’s private and public bodies to address behavioral health issues in Delaware. Since that time, the BHC hosted four statewide community forums, created six committees, and developed a three-year, [117-point action plan](#). As part of this plan, the BHC’s Changing Perceptions and Stigma Committee worked with stakeholders on a comprehensive, statewide campaign (see *Image 12*). Launched in May 2019, the campaign aimed to help Delawareans struggling with mental health challenges or addiction connect with resources and support services that can change, and save, their lives.

Figure 16 - Addiction Action Committee Alignment



Source: STAT Summary Observations from 38 Stakeholder Meetings conducted between May 2018 and June 2019

Image Credit: State of Delaware



Image 12, Help is Here Promotional Messaging

Substance Use Disorder

2) Collaborations with healthy neighborhoods to incorporate community-based solutions to curtail substance misuse, particularly opioid misuse

The [Sussex County Health Coalition](#) (SCHC), which participated as a “Healthy Neighborhood” under Delaware’s SIM grant, implemented an adaptation of the evidence-based Botvin LifeSkills® curriculum for students in the Seaford School District. Working in partnership with the [National 4-H Council](#) and Cooperative Extension System’s “[Well Connected Communities Program](#),” youth health ambassadors (rather than the traditional model), were trained in the substance use disorder prevention curriculum to help educate middle school students. Peer educators were also encouraged to extend their leadership roles beyond the classroom and participate in “[Delaware Goes Purple](#),” a SCHC campaign aimed at reducing stigma, raising awareness and reducing the number of Delawareans suffering from substance use disorder. In

Image Credit: Sussex County Health Coalition



Image 13. Seaford Goes Purple.

2018, the SCHC and partners began working with former pro basketball player Chris Herren (who is in recovery) and his foundation the [Herren Project](#), after learning of the success of “Go Purple” initiatives in Talbot County, Maryland. After a successful launch of “[Seaford Goes Purple](#)” (see *Image 13*), SCHC expanded the campaign statewide for 2019 and included presentations by Chris Herren to high school students. In addition to collaborations with Healthy Neighborhoods, DHSS provided support to community-based substance use prevention efforts for youth throughout the state during the first year of SHIP implementation (*Figure 17, opposite*).

DPH also supported school districts with materials and evaluation support to implement the [Botvin LifeSkills® curriculum](#) in middle schools. The curriculum covers the health effects of substance use and teaches drug refusal skills. In the 2018-2019 school year, DPH funded the curriculum to be taught in eight middle schools in four school districts. In the 2019-2020 school year, DPH added the curriculum to four new middle schools and another school district.



SUPPORT. RECOVER. OVERCOME.

Substance Use Disorder

Image Credit - Delaware Academy of Medicine / Delaware Public Health Association

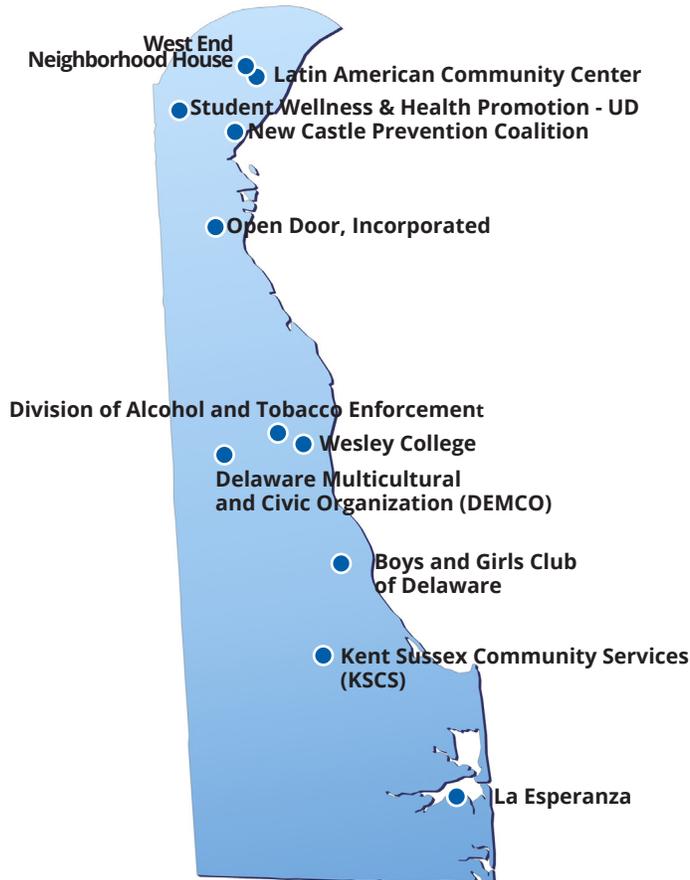


Figure 17 - Location of Community-based Youth Substance Use Prevention, 2019

3) Universal education for practitioners in the field: identifying Substance Use Disorder and Trauma-Informed Care.

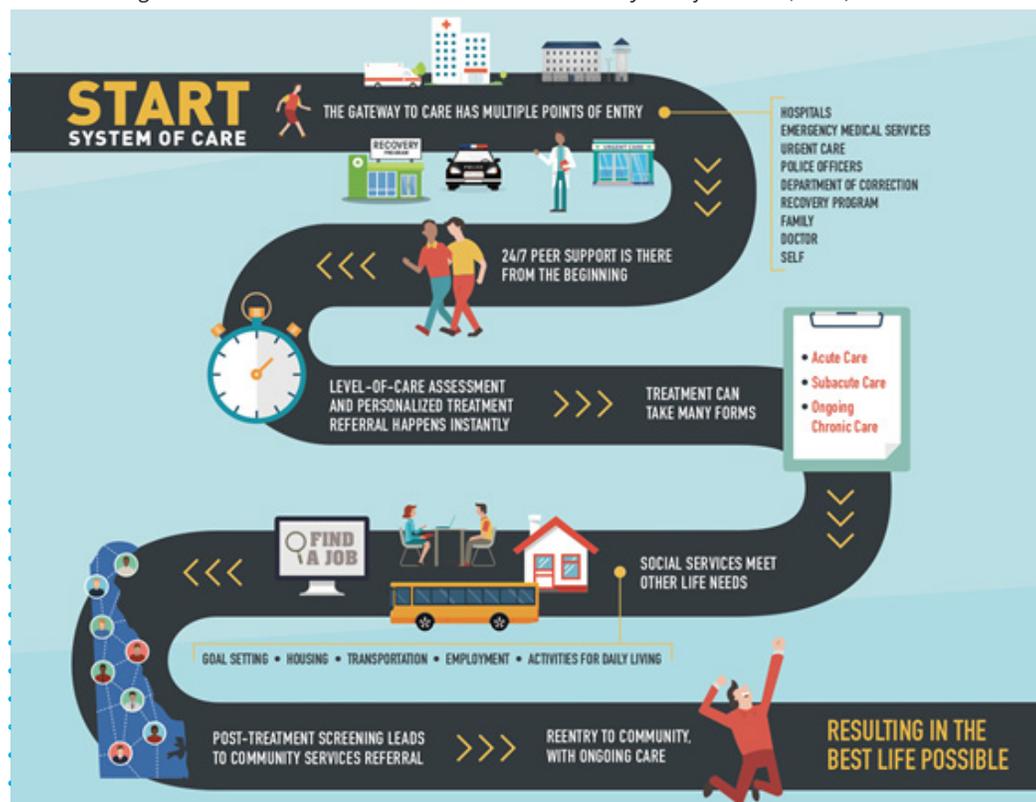
In addition to targeted media campaigns for practitioners, efforts to train practitioners around substance use disorder and trauma-informed care were implemented. This includes [Substance Use in Adults and Adolescents: Screening, Brief Intervention and Referral to Treatment](#) training for teachers, school nurses, and all of the [Behavioral Health Consultants](#) in Delaware's middle schools. Under a [State Opioid Response \(SOR\) grant](#), SBHCs located in high schools received funding for technical assistance to develop a system for routinely screening and referring students to treatment for ([Substance Use Disorder](#)) SUD, [opioid use disorder](#) (OUD) and related mental health conditions as needed.

Substance Use Disorder

HelpisHereDE.com also offered a provider newsletter and partnered with the Department of State Division of Professional Regulation to offer webinars with continuing medical education credits. Providers can receive academic detailing education related to prescribing practices.

DHSS' [Division of Substance Abuse and Mental Health](#) (DSAMH) launched a [Substance Use Treatment and Recovery Transformation](#) (START) initiative (see Figure 18), in late 2018 that worked to place Delawareans suffering from SUD into treatment while meeting their needs for housing, employment, education, and other wrap-around services. The START Initiative created a quality improvement learning collaborative of treatment providers, hospital systems, institutes for mental diseases, [Federally Qualified Health Centers](#) (FQHC), and peer support recovery providers to engage primary care providers to improve acute response, initiate [medication-assisted treatment](#) (MAT) to manage withdrawal, and rapidly engage patients in treatment (see Image 14, opposite). Governor John Carney enhanced this coordination when he signed [HB 440](#) in 2018, making Delaware the first state in the nation to have an [Overdose System of Care](#). This standardized the provision of care and treatment of patients who overdose, no matter where they access the health care system.

Figure 18. DSAMH's Substance Use Treatment and Recovery Transformation (START) initiative



Source: DHSS Substance Use Disorder Strategy Mapping Team Annual Meeting, February 6, 2019

Substance Use Disorder

Image Credit: Jennifer Corbett, The News Journal



Image 14, A man holds naloxone, the overdose-reversing medication, that he got from Dr. Sandra Gibney and volunteers from Brandywine Counseling who were out in Dover communities with known high overdose rates.

To help providers find real-time treatment referrals for their patients, DSAMH created the [Delaware Treatment and Referral Network](#) (DTRN). DTRN has made more than 4,000 referrals since its launch in 2018.

In 2018, Governor Carney signed [Executive Order Number 24](#) to make Delaware a [trauma-informed](#) state. This mandated

that all state agencies providing services for children and adults must offer regularly scheduled staff education around trauma-informed care. Training within DHSS began in January 2019, and all employees in three DHSS divisions ([State Service Centers](#), [Child Support Services](#), and [Social Services](#)) received 12.5 hours of training in trauma-informed approaches, resiliency, and self-care. Twenty-six DHSS employees received 54 hours of training in trauma-informed approaches as well as training in using trauma-informed educational practices.

While less alignment was identified around the SHIP recommendation “working to reduce tobacco and tobacco substitute use,” ample activity on this issue existed among several key stakeholders. The DCC provided materials on tobacco cessation programs aimed at different risk groups and worked with [Tobacco Free Kids](#) to reduce e-cigarette use. DPH’s health promotion and disease prevention efforts centered around the [Delaware Quitline](#) (a smoking cessation program); partnerships with tobacco and alcohol enforcement agencies; and training, outreach, and education on the use of tobacco and tobacco substitutes. The DHMIC promoted smoke-free living and integrates tobacco prevention and cessation in its home visiting and [Safe Sleep](#) programs. The passage and signing of [SB 25](#) in April 2019, also addressed this SHIP recommendation: the law raised Delaware’s minimum age for tobacco and vape products from 18 to 21 (see Image 15).

A HEALTHIER **DELAWARE**
*Raising tobacco sales
age from 18 to 21*

- Ⓐ **REDUCE TOBACCO USE & RELATED ILLNESSES**
- Ⓐ **IMPROVE QUALITY OF LIFE**
- Ⓐ **REDUCE HEALTH CARE COSTS**

#HealthierDE

Image 15, Promotional Messaging for SB 25.

Mental Health

MOST ALIGNMENT	LEAST ALIGNMENT
Improving access to behavioral and mental health services	Providing each school with a trained mental health provider (i.e. school behavioral health consultant)

While this SHIP priority area had less observed “extreme alignment” across stakeholder groups, it had the highest “partial alignment” observed. Many of the groups working to address substance use/misuse also have an explicit focus on mental health due to their common co-occurrences. While stakeholder groups are currently making plans and taking steps to address mental health, efforts to address substance use/misuse might have taken precedence in the midst of the opioid epidemic. For example, the [Behavioral Health Consortium](#) (BHC), (see Image 16, and Figure 19, opposite) whose integrated aim and multi-year plan is to address the prevention of addiction and the treatment of mental health disorders, has worked with the local community to identify the most pressing issues currently facing the state in the behavioral health arena. The BHC prioritized addiction-related goals in their first two years of operation and is now beginning to address action steps specific to mental health. The BHC Education and Prevention Committee convened educators and mental health professionals to discuss evidence-based curriculums and mental health screenings that can start in the state’s highest need and at-risk schools.

Image Credit: State of Delaware

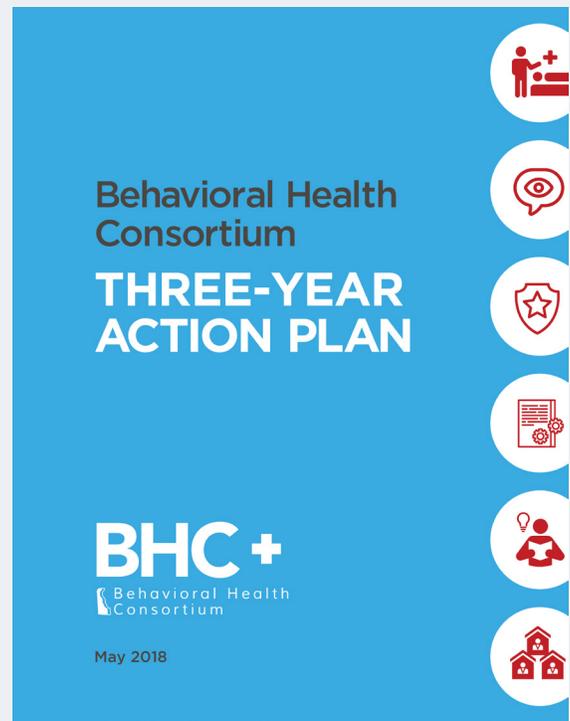
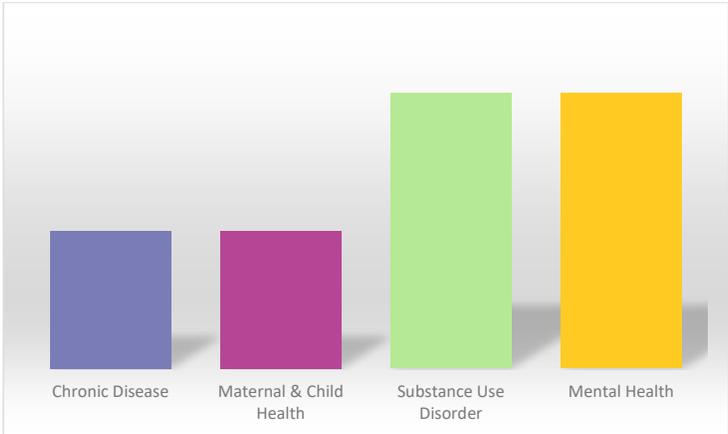


Image 16, BHC + - Three-Year Action Plan.

Mental Health

Figure 19 - Delaware Behavioral Health Consortium Alignment



Source: STAT Summary Observations from 38 Stakeholder Meetings conducted between May 2018 and June 2019

In 2018 and 2019, Delaware received SOR grant funding administered by the United State Health and Human Services' (HSS) [Substance Abuse and Mental Health Services Administration](#) (SAMHSA). Delaware used some of the funding to create Centers of Excellence for improved outreach, care for people struggling with addiction, and to train peer recovery coaches as mentors and allies to those entering treatment. In northern Delaware, the [Mental Health Association in Delaware](#)

(MHA) led an initiative supported by SIM funding as part of the [Wilmington/Claymont Healthy Neighborhood](#). MHA supported the placement of peers in mental health clinics within Wilmington and Claymont to increase the number of peer specialists certified to provide peer support as a reimbursable Medicaid expense. This program helped peer specialists work toward and complete their certification while receiving compensation for their required supervised peer support work. The majority retained full time employment as Certified Peer Specialists. In southern Delaware, the SCHC implemented a school-based mental health services initiative in 2018 after receiving partial funding through the [Healthy Neighborhoods SIM grant](#). This initiative helped train school personnel in four high school districts to screen youth for behavioral health risks, provide brief interventions, and make referrals to appropriate behavioral health providers or community-based organizations.



**Delaware Center
for Health Innovation**
healthy neighborhoods

Mental Health

Image Credit: The News Journal



Image 17. Student mural at Eisenberg Elementary Wellness Center, New Castle, DE

While less alignment was identified across high-impact stakeholder groups relevant to “providing each school with a trained mental health provider (i.e. school behavioral health consultant),” partnerships among other groups and organizations in Delaware focused explicitly on this SHIP recommendation. In 2018, Delaware’s first school-based wellness center in an elementary school opened at Eisenberg Elementary (see Image 17) with funding from Colonial School District and in partnership with the [Life Health Center](#) and [Nemours/Alfred I. duPont Hospital for Children](#). The center is free to the students, and helps families without insurance apply for Medicaid or affordable health benefits. Basic health care provided to students includes diagnosing illnesses, writing prescriptions, and providing behavioral and mental health services. There are two mental health therapists and a licensed clinical social worker, as well as a bilingual medical assistant. The district also established wellness centers at four other elementary schools where behavioral health services are part of the initial offerings.

The [Eisenberg Elementary SBHC](#) pilot led to state-level policy changes. The FY2020 Delaware budget bill, passed in 2019, provides funding to ensure that high needs elementary schools (including charter schools), have SBHCs. Stakeholders including legislators, schools, DPH, and the [Department of Education](#) (DOE) are working together to develop a sustainable model that is in the best interest of children in Delaware.

Mental Health

Other strategies related to behavioral health services in schools included SOR funding and technical assistance provided to high school SBHCs to develop a system for routinely screening and referring, as needed, students to treatment for SUD/ODD and related mental health conditions. The DHSS [Division of Substance Abuse and Mental Health](#) (DSAMH) partnered with DOE to provide funding targeted to all school districts to establish a multi-tier system of support for behavioral health. School districts completed needs assessments and are in the process of submitting action plans to DSAMH, DOE, and DPH, to be reviewed for funding determination by district. The [Department of Services for Children, Youth and their Families](#) (DSCYF) will also receive funding to hire additional [Behavioral Health Consultants](#) in middle schools.

In late 2018, SAMSHA awarded DOE a grant for a five-year initiative in partnership with DSCYF. Through [Project DeLAWARE](#), DOE is developing and providing a multi-tiered system of support framework in participating school districts. Project goals are to raise awareness of mental health needs among students; educate teachers, administrators, and other school personnel to identify and refer students in need to evidence-based mental health programs; and to provide services to students in school and community-based settings.



System-wide Recommendations

Beyond the recommendations for the four priority health areas, the Delaware SHIP emphasized that none of these recommendations could, or should be, implemented separately. To receive the biggest benefit, action must include policies on a system-wide basis. This includes adopting a **Policy, Systems and Environmental** (PSE) approach. Specifically, the Delaware SHIP recommended promoting HiAP, incorporating a social marketing approach, and addressing the SDOH.

Image Credit: Delaware Division of Public Health



Image 18. Members of a Delaware State University team at the 2018 kick-off meeting to Delaware's PSE Learning Collaborative.

PSE - The SHIP Team observed the majority of key stakeholder groups applied a PSE approach with some specific efforts also directed toward strengthening capacity in these areas. In 2018, DPH, in partnership with the **UD Cooperative Extension**, developed a learning collaborative of teams of statewide stakeholders paired with coaches trained on **Systems Approaches for Healthy Communities**

(see *Image 18*). This professional development program that promotes the integration of PSE interventions with educational strategies. In an effort to assist organizations that focus on obesity prevention (nutrition and physical activity) for low income Delawareans, the Delaware **Supplemental Nutrition Assistance Program - Education** (SNAP-Education) program offered three funding awards in 2019 to assist with the implementation of the PSE action plan. The goal was to improve the overall likelihood that those receiving the SNAP benefit would make healthy lifestyle choices. SNAP-Education used social marketing and evidence-based strategies to educate and influence individuals as well as PSE strategies to change behavior. During this time, DPH's **Physical Activity, Nutrition and Obesity** (PANO) Program began a strategic planning process.

System-wide Recommendations

PANO collected and coalesced stakeholder input on approaches to create healthier individuals and communities across multiple initiatives, including capacity-building efforts to implement evidence-based policy, programmatic, environmental, and infrastructure changes.

SOCIAL MEDIA APPROACH - Many social media campaigns were underway that focused on SHIP priorities. A lung cancer screening educational campaign aimed at patients and sponsored by DCC and DPH's **Comprehensive Cancer Control Program** was launched in 2019 that was part of an ongoing, multi-component campaign underway since 2015. The educational campaign urged at-risk, eligible smokers and former smokers to get screened for lung cancer.

The DHMIC also incorporated a social media marketing approach within their **Safe Sleep campaign** (see Image 19). Social media graphics were also a part of efforts to promote the passage and signing of SB 25, which raised Delaware's minimum tobacco sales age from age 18 to 21 (see Image 14, page 41).

Image Credit: DE TH

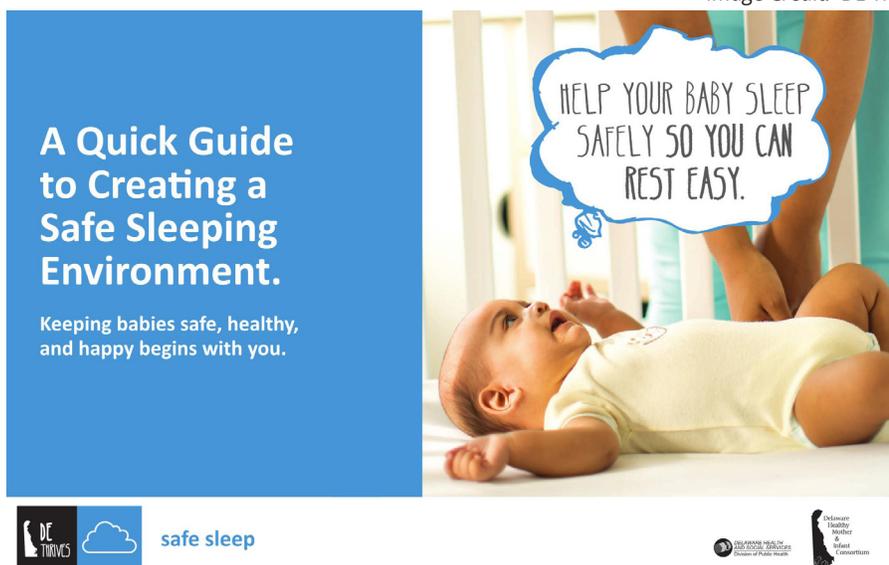
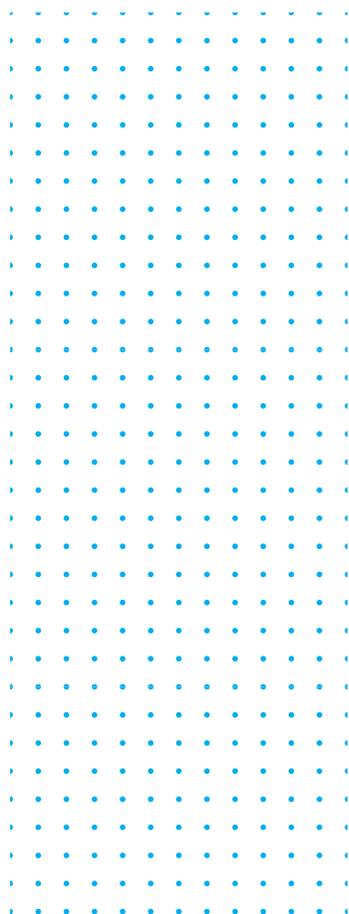


Image 19. An electronic Safe Sleep flipbook is available for download on <https://dethrives.com/safe-sleep/providers> as a resource for providers to help promote safe sleep.

System-wide Recommendations

HEALTH IN ALL POLICIES - The SHIP Team identified efforts to incorporate a HiAP approach and to address the SDOH across stakeholder groups (see Figure 20). While overall efforts encompassed multiple SDOH, team members observed a particular emphasis around strategies to address health and health care access.

Figure 20. Social Determinants of Health Across Stakeholder Groups



“The root cause of the disparities we see not just in birth outcomes, but in any category you measure, lies within the methods of which our country has managed race, where we have historically provided substantial advantage to people who are white and simultaneously significant disadvantage to people who are not white.”

- Dr. Arthur R. James, Keynote speaker, DHMIC 2019 Annual Summit

System-wide Recommendations

SOCIAL DETERMINANTS OF HEALTH - Stakeholder groups worked comprehensively to address multiple SDOH in their strategies (see Figure 21). The PHC at UD, a cross-college community engagement initiative, advanced campus-community partnerships aimed at social and environmental factors that promoted health (healthy and safe physical environments, recreation and opportunities to socialize, civic engagement, and public education). In 2019, PHC hosted a policy academy with the **UD Partnership for Arts and Culture** in collaboration with **Delaware State University** to advance strategies in reducing inequities in health and well-being by addressing structural racism in the U.S. (see Image 20).

Image Credit: University of Delaware



Image 20. Structural racism and health inequities are captured in the “Women of Consequence, Ambitious, Ancillary and Anonymous” performance at the UD-DSU policy academy held on April 17, 2019.

Figure 21. Social Determinants of Health Infographic.

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes
 Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Source: Retrieved from <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

System-wide Recommendations



Image 21. "What's Killing Black Mothers in the U.S.?" Promotion

The [2019 DHMIC Summit, Raising Our Voices, Strengthening Our Communities: Advocating for Healthy Women, Men, Babies & Families](#), focused on addressing the persistent racial gap on black infant and maternal mortality. The agenda included a presentation by the [Black Mamas Matter Alliance](#), a black women-led cross-sectoral alliance who envision a world where black mamas have the rights, respect, and resources to thrive before, during, and after pregnancy. Included in their call to action was for public health practitioners and community partners to focus on new metrics of success that more fully address the conditions and outcomes relevant to measuring a healthy and thriving community, such as mass incarceration rates and income and educational inequality. The presentation noted that Delaware spends

three to six times more to imprison an adult than it does to educate a child, and that there are more black people in Delaware prisons than there are matriculated in state-funded public universities.⁸ In April 2019, DPH and its partners recognized [Black Maternal Health Awareness Week](#), and supported community events including ["What's Killing Black Mothers in the U.S.?"](#) in New Castle (see Image 21).

⁸ Drew, M.L. (2019, April) Black Mamas Matter Alliance: Reclaiming maternal and reproductive justice through grassroots women centered action. Presentation at the Delaware Healthy Mother and Infant Consortium 2019 Annual Summit, Wilmington, DE.

System-wide Recommendations

The [Wilmington Area Planning Council](#) (WILMAPCO) used [SDOH data](#) to better integrate a HiAP approach to planning. WILMAPCO is the regional transportation planning agency for New Castle County, Delaware, and Cecil County, Maryland. The [Route 9 Master Plan Monitoring Committee](#) identified the SDOH as important factors to consider when ranking and prioritizing transportation projects. WILMAPCO utilized a methodology for classifying neighborhoods based on their level of SDOH concern, and developed SDOH maps of the entire WILMACO region (see Figure 22). The methodology examined eight quantitative SDOH indicators: poverty rate, high school graduation rate, minority segregation, employment rate, homeownership rate, householder tenure, percentage of single parent households, and food desert status.

Figure Credit: WILMAPCO

Summary of Findings

In the WILMAPCO region, shown to the right, SDOH scores tend to be highest in central Wilmington, with smaller concentrations of high SDOH scores in towns and suburbs along the I-95 corridor. These areas have higher concentrations of renters, households in poverty, and single parent households, with some towns experiencing higher unemployment rates and areas with limited food access. SDOH scores are lowest in rural areas, which tend to have low minority populations, high homeownership rates, and longer householder tenure.

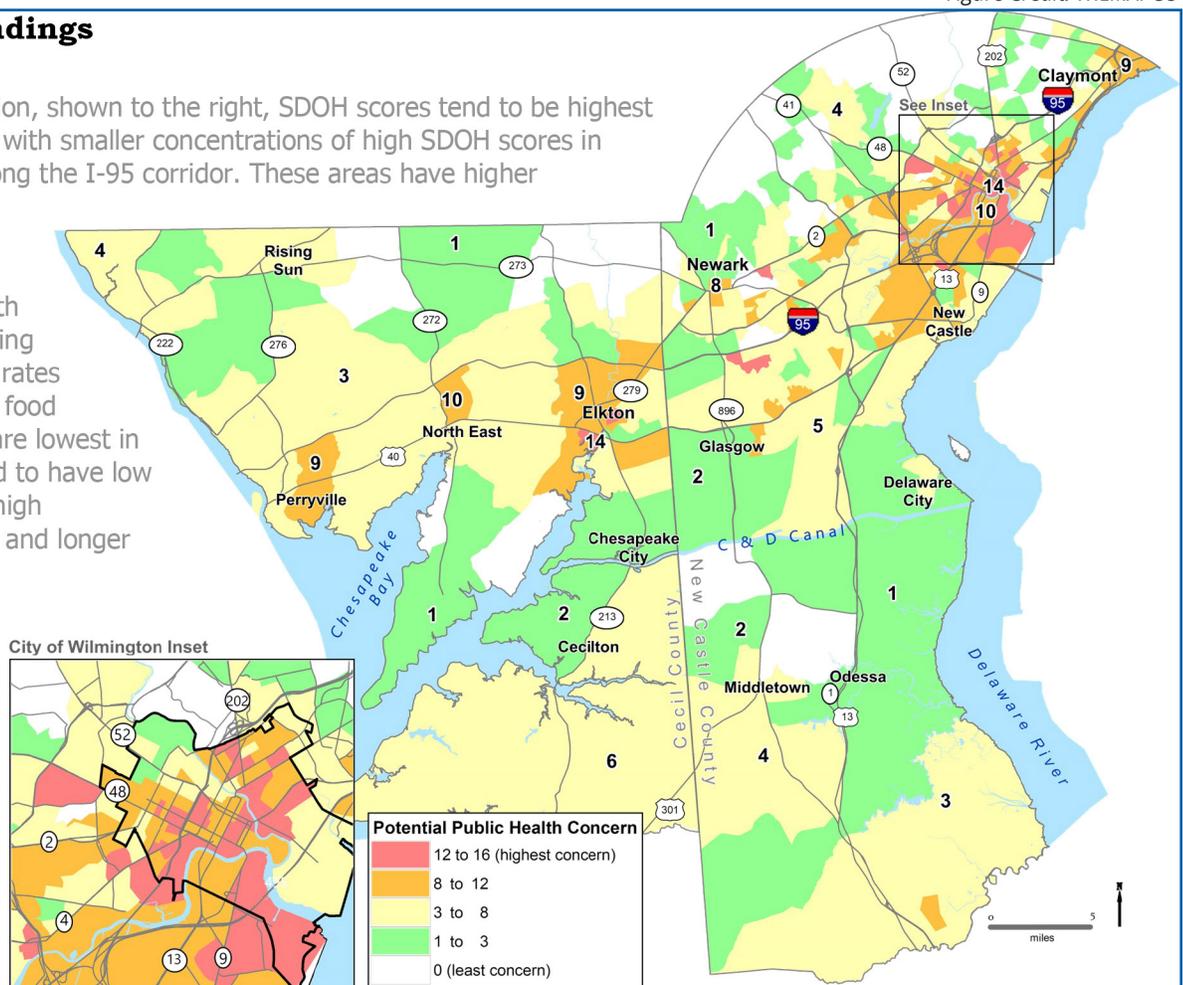


Figure 22. Social Determinants of Health Maps of WILMAPCO Region. Source: American Community Survey (2012-2016), U.S. Department of Agriculture

Next Steps

As Delaware continues to move through the action cycle of the SHIP process, stakeholder engagement around implementation and impact remains critical. Toward this end, the Delaware SHIP Team will host a statewide stakeholder meeting in October 2019 to reflect on the alignment and gaps within the identified priorities outlined in this annual report, and identify any course corrections.

Stakeholders will be encouraged to examine the opportunities and implications of new and proposed policy, funding, and system changes that may affect Delaware SHIP-related efforts. For example, when [SB 34](#) was signed into law in 2019, the Prescription Opioid Impact Fund was created to collect prescription opioid impact fees to be paid by pharmaceutical manufacturers. The fund allows DHSS to award grants and contracts based on recommendations by SHIP stakeholders (i.e. [BHC](#), the [Addiction Action Committee](#), and the [Overdose System of Care Committee](#)).

Additionally, the State of Delaware's [FY2020 budget](#) includes \$1.8 million to support BHC initiatives: community naloxone distribution, safe syringe exchange, withdrawal management, youth education, and MAT. The FY2020 budget also includes \$500,000 of operational funding for [Healthy Communities Delaware](#), a model to help sustain the momentum built over the past few years through the Delaware SIM and Healthy Neighborhoods program. There is another \$1 million, of which a portion will be appropriated for state investments in SDOH, as implemented through the HCD model. HCD is a consortium of public, nonprofit, and private organizations committed to taking a collective impact and community-based approach using a health equity lens, to align efforts, and to invest in improving surrounding social determinants for Delaware communities.

HCD is a collaborative, place-based approach to address social determinants of health and make a significant and sustainable impact on health, by working in new ways with communities, organizations and other funders. The tagline of HCD, "Alignment. Investment. Impact."



Next Steps

Impact,” reflects the goal of HCD, to align resources and efforts with investments to achieve a greater impact. HCD aims to assist communities with the greatest need to address health equity. This statewide initiative leverages resources from a variety of investors, including those in the banking, community development and health system arena. The Delaware SHIP emphasizes that to receive the biggest benefit, efforts are needed system-wide. These recommendations to adopt a policies, systems, and environmental approach include:

- Addressing the social determinants of health (SDOH)
- Promoting health in all policies (HiAP)
- Incorporating a social marketing approach

HCD is the platform to address both the SDOH and advance HiAP. HCD supports and builds upon a variety of existing community-based planning initiatives, councils, and coalitions. HCD offers an infrastructure that encourages, enables and supports community capacity building and provides technical assistance for alignment, implementation, measurement and investment to address the most important determinants of health as determined by communities.

Data - To guide and inform changes in SHIP priorities, community and SHIP stakeholder data gathering and assessment efforts will be critical to advance. Through a partnership among several DPH programs, the Delaware Department of Natural Resources and Environmental Control, DSAMH, and the [Delaware Health Care Commission](#) (DHCC), DPH launched the [My Healthy Community](#) data portal (see *Image 22*) in May 2019. My Healthy Community delivers neighborhood-focused population health, environmental, and SDOH data to the public. DPH, under the direction of DHSS Secretary Kara Odom Walker, MD, MPH, MSHS, developed this sustainable, statewide data resource to provide data at the smallest geographical area available to all Delawareans at no cost, while complying with the [Health Insurance Portability and Accountability Act](#) (HIPAA) of 1996. My Healthy Community allows users to navigate this data across the following categories currently available: chronic disease, community characteristics, community safety, the environment, healthy lifestyles, health services utilization, infectious disease, maternal and child health, mental health and substance use.



Image 22. My Healthy Community Data Portal. Image Credit: Delaware.gov

Next Steps

Health indicators can be searched by street address, ZIP code, census tract, neighborhood, town/city, county, and state. In addition, residents can compare their community's health measures with other Delaware communities, their county, and the state as a whole, and view data trends over time. The My Healthy Community data portal will continue to expand and will continuously add additional categories and data indicators.

Health Care Spending - Legislation designed to curb Delaware's health care spending by building on the SIM work and focusing on key indicators that drive state health care costs was enacted when Governor Carney signed [Executive Order 25](#) in November, 2015. EO 25 established the health care spending and quality benchmarks. The implications of these benchmarks will continue be seen as state government and providers strive to improve care while lowering costs.

Public Health 3.0 - In 2016, the [U.S. Department of Health and Human Services](#) launched the "Public Health 3.0" initiative, which emphasizes collaborative engagement and PSE actions that directly affect the inequities within the social determinants of health.⁹

Why We Need Public Health 3.0

Despite public health's increasing focus on how environments impact health, our ZIP codes remain a more accurate determinant of health than our genetic codes. As a society, we have a collective responsibility to create conditions that allow all members of our communities to make healthy choices. And yet public health initiatives often exist in silos, resulting in missed opportunities to leverage the critical knowledge of communities to improve health at the local level.

Public Health 3.0 calls for us to boldly expand public health to address all aspects of life that promote health and well-being, including:

- Economic development
- Education
- Transportation
- Food
- Environment
- Housing
- Safe neighborhoods

⁹ DeSalvo, K.B., Wang, Y.C., Harris, A., Auerbach, J., Koo, D. & O'Carroll, P. (2017, Sep). Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century. *Preventing Chronic Disease*, 14. 10.5888/pcd14.170017.

Next Steps

To align Delaware’s SHIP process with this approach, semi-annual SHIP web-based meetings will be implemented as well as in-person stakeholder conferences. It is anticipated that the meetings will facilitate stakeholder communication and updates throughout the year, engage a wider breadth of stakeholders, and support sustained synergy across groups. Strategies like these will allow opportunities for DPH leaders to embrace the role of Chief Health Strategist, while working with stakeholders and communities across the state to drive collective action. Facilitating cross-sector partnerships and leveraging data and resources to address health and health equity will help provide a strong and sustainable foundation for a “Public Health 3.0” approach.

Future Alignment - This report highlights the tremendous amount of work, dedication, and commitment that Delaware partners have accomplished together over the last several years related to SHIP priorities and recommendations. While alignment and coordination are essential, Delaware partners must continuously assess whether the course charted for Delaware’s SHIP is moving the state in the right direction, and how changing conditions might accelerate or delay overall progress. According to the [American Health Rankings 2018 Annual Report](#), Delaware ranks 31st as the healthiest state in the country¹⁰. Significant opportunities for improvement remain, and, despite extensive coordination among stakeholder groups reviewed as part of this report, gaps in alignment were observed across the following SHIP recommendations:

- Increase access to healthy foods to reduce heart disease, hypertension, and diabetes;
- Improve the built environment to promote walking, biking, and other forms of active transportation;
- Promote access to remote patient monitoring for patients with chronic conditions;
- Increase access to primary care by increasing the number of primary care physicians in underserved areas; and
- Increase access to dental care by increasing the number of Medicaid dental providers in underserved areas.

¹⁰America’s Health Rankings analysis of America’s Health Rankings composite measure, United Health Foundation, [AmericasHealthRankings.org](https://americashealthrankings.org), Accessed 2019.

Next Steps

Health in All Policies - Although many stakeholder groups have started to adopt a PSE approach, increased efforts to make the SHIP process more inclusive and engage a broader and more diverse range of systems, sectors, and groups will improve Delaware's collective ability to address the SDOH. Partners are encouraged to implement a **HiAP approach** in their strategic plans, outreach, and messaging (see *Image 23, opposite*). Stakeholders who have already implemented a HiAP approach, can offer others peer support and broaden their perspectives by attending meetings, assisting in reviewing documents, and participating in discussions. As more stakeholder groups understand the benefits of adopting and incorporating a HiAP approach, policymaking across sectors will contain naturally embedded health considerations that will improve the health of all communities and people within them.

The second year of SHIP implementation will include activities to continue to assess and communicate SHIP implementation progress to date, help identify and address gaps, and participate in engagement and assessment activities. Goals include dissemination of SHIP website and annual reports; increased communication around efforts to address SHIP priority areas and a PSE approach, and increased engagement and broadening of the network of SHIP stakeholders. Engagement activities will include a statewide stakeholder meeting, stakeholder webinars, promotion of stakeholder spotlights, and additional opportunities for stakeholders to join the network of people and groups spanning disciplines, sectors, communities and organizations at every level through the state, working to advance Delaware's SHIP. These strategies and activities, coupled with a fluid and accessible SHIP process and an enduring commitment to work together for the health of all communities, will navigate Delaware's voyage in making deep and lasting health improvements (see *Image 24, below*).

Image Credit: University of Delaware



Image 24, Boy on Wesley College Low Ropes Course at Open Streets Dover Event.

Image Credit, Public Health Institute

HEALTH IN ALL POLICIES

A Guide for State and
Local Governments



The
California
Endowment



American
Public Health
Association



Image 23, Health in All Policies Guide. [Click for pdf of this resource](#)

APPENDICES



APPENDIX A - SHIP Team Assessment Tool (STAT), continued APPENDIX A - SHIP Team Assessment Tool (STAT)

Name of Reviewer: _____

Please describe the program you are reviewing:

Name of group you reviewed: _____

What is the name of the group you wish to add? _____

If the group has an acronym, indicate here: _____

What is the group's mission statement? _____

What was the meeting date? _____

What was the meeting location? _____

Who are the meeting chairs? _____

Is the review of a sub-committee or work group within a larger umbrella? _____

What is the name of the sub-committee or work group? _____

What is the focus of the sub-committee or work group? _____

How well does this program align with SHIP Priority Areas?

	Does Not Align	Partially Aligns	Aligns Extremely Well
Chronic Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal & Child Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use/Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With which SHIP priority area does this program best align (choose one)?

- Chronic Disease → pg. 2
- Maternal & Child Health → pg. 3
- Substance Abuse Disorders → pg. 4
- Mental Health → pg. 5



APPENDIX A - SHIP Team Assessment Tool (STAT), continued

PAGE 2: Chronic Disease

Please answer these questions based on the program’s focus on Chronic Disease.

This program adheres to the following SHIP recommendations for chronic disease:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Promoting healthy diet and exercise	<input type="checkbox"/>				
2. Increasing access to healthy foods	<input type="checkbox"/>				
3. Promoting walking, biking, and other forms of active transportation	<input type="checkbox"/>				
4. Promoting access to remote patient monitoring for patients with chronic conditions	<input type="checkbox"/>				
5. Increasing access to community health workers and care coordination	<input type="checkbox"/>				
6. Reducing lung disease (asthma, lung cancer, COPD)	<input type="checkbox"/>				
7. Working to increase the number of primary care physicians in underserved areas	<input type="checkbox"/>				
8. Working to increase the number of Medicaid dental providers in underserved areas	<input type="checkbox"/>				
9. Developing focused effort(s) to “make the healthy choice the easy choice”	<input type="checkbox"/>				

Please provide a list of program activities.

Please list any other goals this program has pertaining to chronic disease that may not align strictly with SHIP recommendations, or that have not yet been discussed.

Is this program filling any gaps within the SHIP recommendations? Please explain.

Is there anything else we should know about this program?

→ SKIP TO PAGE 6



APPENDIX A - SHIP Team Assessment Tool (STAT), continued

PAGE 3: Maternal & Child Health

Please answer these questions based on the program’s focus on Maternal & Child Health.

This program adheres to the following SHIP recommendations for maternal & child health:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
10. Working to promote education for preconception and inter-conception care in schools	<input type="checkbox"/>				
10a. Promoting health education emphasizing healthy parenting in schools	<input type="checkbox"/>				
10b. Working to incorporate graduated levels for health education in schools.	<input type="checkbox"/>				

Please provide a list of program activities.

Please list any other goals this program has pertaining to maternal and child health that may not align strictly with SHIP recommendations, or that have not yet been discussed.

Is this program filling any gaps within the SHIP recommendations? Please explain.

Is there anything else we should know about this program?

→ SKIP TO PAGE 6



APPENDIX A - SHIP Team Assessment Tool (STAT), continued

PAGE 4: Substance Use Disorders

Please answer these questions based on the program’s focus on Substance Abuse/Misuse.

This program adheres to the following SHIP recommendations for substance abuse/misuse:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
11. Working to reduce tobacco and tobacco substitute use	<input type="checkbox"/>				
12. Working to reduce substance use	<input type="checkbox"/>				
12a. Addressing substance use stigma	<input type="checkbox"/>				
12b. Incorporating community-based solutions to substance misuse	<input type="checkbox"/>				
12c. Promoting universal education for practitioners about the identification of substance use disorder and trauma informed care	<input type="checkbox"/>				

Please provide a list of program activities.

Please list any other goals this program has pertaining to substance use disorder that may not align strictly with SHIP recommendations, or that have not yet been discussed.

Is this program filling any gaps within the SHIP recommendations? Please explain.

Is there anything else we should know about this program?

→ SKIP TO PAGE 6



APPENDIX A - SHIP Team Assessment Tool (STAT), continued

PAGE 5: Mental Health

Please answer these questions based on the program’s focus on Mental Health.

This program adheres to the following SHIP recommendations for mental health:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
13. Improve access to behavioral and mental health services	<input type="checkbox"/>				
13a. Provide schools with trained mental health providers	<input type="checkbox"/>				
13b. Increase pay for mental health providers	<input type="checkbox"/>				
13c. Expand access to mental health services	<input type="checkbox"/>				
13d. Increase the number of mental health providers in underserved areas	<input type="checkbox"/>				

Please provide a list of program activities.

Please list any other goals this program has pertaining to substance use disorder that may not align strictly with SHIP recommendations, or that have not yet been discussed.

Is this program filling any gaps within the SHIP recommendations? Please explain.

Is there anything else we should know about this program?



APPENDIX A - SHIP Team Assessment Tool (STAT), continued

→ SKIP TO PAGE 6

PAGE 6: System-Wide

14. To the best of your knowledge, is this group adopting a Policy, Systems, and Environmental (PSE) change approach in the following areas:

14a. Promoting key elements to a Health in All Policies (HiAP) approach (check all that apply):

- Promoting health, equity, and sustainability
- Supporting intersectional collaborations
- Identifying co-benefits and win-wins
- Engaging stakeholders
- Creating cultural and procedural change

14b. Incorporating a social marketing approach through the following key elements (check all that apply):

- Using a program management process (sequenced action steps)
- Aiming and designed to influence human behavior on a large scale
- Creating benefits and reducing barriers that matter to specific audiences
- Utilizing consumer-oriented decision making (audience behavior is key)
- Leading to increased health benefits (as defined by group)

14c. Addressing social determinants of health key areas (check all that apply):

- Economic Stability (i.e. employment, food insecurity, housing instability, poverty)
 - Education (i.e. early childhood, enrollment in higher ed, HS graduation, language and literacy)
 - Social & Community Context (i.e. civic participation, discrimination, incarceration, social cohesion)
 - Health & Health care (i.e. access to health care, access to primary care, health literacy)
 - Neighborhood & Built Environment (i.e access to healthy foods, violence, conditions, quality housing)
- Please provide a list of group strategies or activities.
 - Please list any other goals this group has pertaining to priority SHIP areas or a PSE approach that may not align strictly with SHIP recommendations, or that have not yet been discussed
 - Is this group filling any gaps within the SHIP recommendations? Please explain.
 - Is there anything else we should know about this group and their efforts?

-END OF SURVEY

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2019

ANNUAL REPORT

Delaware State Health Improvement Plan

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AND SOCIAL SERVICES*
Division of Public Health