DELAWARE STATE HEALTH IMPROVEMENT PLAN 2025–2028

DelawareSHIP
Charting a course to improve health

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

January 2025

Partnership for Healthy Communities
A COMMUNITY ENGAGEMENT INITIATIVE

DELAWARE
STATE HEALTH IMPROVEMENT PLAN
2025-2028

Delaware Department of Health and Social Services
Division of Public Health

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January 2025

THE DELAWARE STATE HEALTH IMPROVEMENT PLAN

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TABLE OF CONTENTS

Foreword **X**

Executive Summary **XII**

Implementing the SHIP XII

How was the SHIP Developed XVI

How to Get Involved XIX

State Health Improvement Plan Brief **XX**

What is the SHIP XX

How was the SHIP Developed XX

Key Health Challenges XXI

How will the SHIP be Implemented XXII

Focus on Equity XXII

Community Involvement XXII

Why is the SHIP Important XXIII

Introduction **1**

What is the Delaware SHIP 1

The Delaware SHA/SHIP Partnership Coalition Mission and Values 1

The 2022-2023 Delaware State Health Assessment 3

Why the Delaware SHIP is Important 3

PHAB Accreditation 4

Focus on Equity 5

SHIP Framework and Definitions 7

Data Limitations 12

SHIP Process and Partnership Coalition Engagement **13**

Moving Delaware Forward: From Equity Awareness to Action Summit 21

Future SHA/SHIP Partnership Coalition Meetings 22

Systems-Level Connections **23**

Priority Health Outcomes 23

The Crossroads of Priority Health Outcomes and Vital Conditions 25

Legislation in Delaware **43**

Goals, Objectives, and Strategies **47**

Setting Goals, Objectives, and Strategies 47

To the Future: Goals, Objectives, and Strategies 48

Cross-Cutting/Multifaceted Assets 86

References **89**

Appendix A: SHA/SHIP Partnership Coalition Stakeholders **108**

Appendix B: List of Acronyms **109**

Appendix C: How to Use the Delaware SHIP **111**

Appendix D: SHIP Goals and Objectives Summary **114**

Appendix E: Additional Objectives **120**

Appendix F: Glossary **123**

Appendix G: Full List of Multisolving Solutions **126**

LIST OF FIGURES

Figure 1. Delaware State Health Improvement Plan (SHIP) Organizational Chart, November 2024 XV

Figure 2. Vital Conditions for Health and Well-Being, 2022 XVI

Figure 3. Mobilization for Action through Planning and Partnerships (MAPP) Framework, 2008 XVIII

Figure 4. Delaware State Health Improvement Plan (SHIP) Framework, November 2024 11

Figure 5. Multisolving: How do you know it when you see it?, July 2023 17

Figure 6. Women and Men who Report Having a Depressive Disorder, Delaware, 2022 23

Figure 7. Prevalence of Depressive Disorders, Delaware, 2022 23

Figure 8. Five-Year Average Infant Mortality Rate by Race and Ethnicity, Delaware, 2017-2021 24

Figure 9a. Featured Strategies for the Mental Health Goal, Delaware, 2025-2028 52

Figure 10a. Assets for Mental Health Featured Strategies, Delaware, 2025-2028 53

Figure 9b. Featured Strategies for the Chronic Condition Goal 2.1, Delaware, 2025-2028 57

Figure 9c. Featured Strategies for the Chronic Condition Goal 2.2, Delaware, 2025-2028 59

Figure 9d. Featured Strategies for the Chronic Condition Goals 3 and 4, Delaware, 2025-2028 65

Figure 10b. Assets for Chronic Disease Featured Strategies, Delaware, 2025-2028 66

Figure 9e. Featured Strategies for Maternal and Infant Health, Delaware, 2025-2028 71

Figure 10c. Assets for Maternal and Infant Health Featured Strategies, Delaware, 2025-2028 72

Figure 9f. Featured Strategies for Avoidable Injury Goal 4.1, Delaware, 2025-2028 75

Figure 9g. Featured Strategies for Avoidable Injury Goal 4.2, Delaware, 2025-2028 77

Figure 9h. Featured Strategies for Avoidable Injury Goal 4.3 Delaware, 2025-2028 78

Figure 9i. Featured Strategies for Avoidable Injury Goal 4.4, Delaware, 2025-2028 81

Figure 10d. Assets for Avoidable Injury Featured Strategies, Delaware, 2025-2028 82

Figure 9j . Featured Strategies for Premature Death Goal, Delaware, 2025-2028 85

Figure 10e. Assets for Premature Death Featured Strategies, Delaware, 2025-2028 86

Figure 10f. Assets for Cross-Cutting Strategies, Delaware, 2025-2028 87

Figure 10f. Assets for Cross-Cutting Strategies, Delaware, 2025-2028 (Continued) 88

LIST OF TABLES

Table 1. Number and Percentage of State Health Assessment (SHA)/State Health Improvement Partnership (SHIP) Membership by Vital Condition, Delaware, December 2023 14

Table 2. Number and Percentage of State Health Assessment (SHA)/State Health Improvement Partnership (SHIP) Membership by Vital Condition, Delaware, September 2024 14

Table 3a. Objective 1.1.1 to Increase Mental Health Provider-to-Population Ratio, Delaware, 2025-2028 48

Table 3b. Objective 1.1.2 to Decrease Percentage of People Under 65 Without Health Insurance, Delaware, 2025-2028 49

Table 3c. Objective 1.2.1 to Decrease Percentage Of Adults With Depression, Delaware, 2025-2028 50

Table 3d. Objective 1.2.2 to Reduce Suicide Rates, Delaware, 2025-2028 51

Table 3e. Objective 1.2.3 to Decrease Depression In Children, Delaware, 2025-2028 51

Table 4a. Objective 2.1.1 to Reduce Food Insecurity, Delaware, 2025-2028 54

Table 4b. Objective 2.1.2 to Increase Percentage of Adults Meeting Physical Activity Guidelines, Delaware, 2025-2028 55

Table 4c. Objective 2.1.3 to Increase Daily Vegetable Intake in Youth, Delaware, 2025-2028 55

Table 4d. Objective 2.1.4 to Reduce Adult Obesity, Delaware, 2025-2028 56

Table 4e. Objective 2.1.5 to Reduce Percentage of Overweight Children, Delaware, 2025-2028 56

Table 5a. Objective 2.2.1 to Reduce Percentage of Adult Smokers, Delaware, 2025-2028 58

Table 5b. Objective 2.2.2 to Decrease Percentage of Children Using Tobacco, Delaware, 2025-2028 58

Table 5c. Objective 2.2.3 to Reduce Percentage of High School Students Using Electronic Vapor Products, Delaware, 2025-2028 59

Table 6a. Objective 2.3.1 to Increase Percentage of People Receiving Mammograms, Delaware, 2025-2028 60

Table 6b. Objective 2.3.2 to Increase Percentage of Children Receiving Preventive Visits, Delaware, 2025-2028 61

Table 6c. Objective 2.3.3 to Increase Percentage of Adults Receiving Routine Visits, Delaware, 2025-2028 61

Table 7a. Objective 2.4.1 to Reduce the Cancer Mortality Rate, Delaware, 2025-2028 62

Table 7b. Objective 2.4.2 to Reduce Percentage of Adults Reporting High Blood Pressure, Delaware, 2025-2028 63

Table 7c. Objective 2.4.3 to Reduce Percentage of Adults Reporting Diabetes, Delaware, 2025-2028 64

Table 7d. Objective 2.4.4 to Decrease Percentage of Adults Reporting High Cholesterol, Delaware, 2025-2028 64

Table 8a. Objective 3.1.1 to Decrease Number of Maternal Deaths Aggravated By Pregnancy, Delaware, 2025-2028 67

Table 8b. Objective 3.2.1 to Reduce Number of Infant Deaths per 1,000 Live Births, Delaware, 2025-2028 68

Table 8c. Objective 3.2.2 to Reduce Percentage of Preterm Births, Delaware, 2025-2028 68

Table 8d. Objective 3.2.3 to Decrease Percentage of Infants With Low Birth Weight, Delaware, 2025-2028 69

Table 9a. Objective 3.3.1 to Increase Percentage of Live Births That Received Prenatal Care Delaware, 2025-2028 70

Table 9b. Objective 3.2.2 to Increase Percentage of Postpartum Checkups With Live Births, Delaware, 2025-2028 70

Table 10a. Objective 4.1.1 to Increase Use Of Public Transportation To Work, Delaware, 2025-2028 73

Table 10b. Objective 4.1.2 to Increase Percentage Of People Walking To Work, Delaware, 2025-2028 74

Table 10c. Objective 4.1.2 to Increase Percentage of People Bicycling To Work, Delaware, 2025-2028 74

Table 11a. Objective 4.2.1 to Increase Percentage Of Population With Updated COVID-19 Vaccine Booster, Delaware, 2025-2028 76

Table 11b. Objective 4.2.2 to Increase Percentage Of Population With Updated Influenza Vaccine, Delaware, 2025-2028 76

Table 12a. Objective 4.3.1 to Decrease Percentage Of Motor Vehicle Crash Deaths Involving Alcohol, Delaware, 2025-2028 78

Table 12b. Objective 4.3.2 to Reduce Number Of Motor Vehicle Crash Deaths, Delaware, 2025-2028 78

Table 13a. Objective 4.4.1 to Decrease Percentage Of Older Adults Reporting Falling, Delaware, 2025-2028 79

Table 13b. Objective 4.4.2 to Reduce The Number Of Deaths Due To Homicide, Delaware, 2025-2028 80

Table 13c. Objective 4.4.3 to Decrease Number Of Firearm-Related Deaths, Delaware, 2025-2028 80

Table 13d. Objective 4.4.4 to Decrease Number Of Domestic Violence Incidents, Delaware, 2025-2028 80

Table 14a. Objective 5.1.1 to Reduce Drug Overdose Age-Adjusted Rate, Delaware, 2025-2028 83

Table 14b. Objective 5.1.2 to Reduce Percentage Of High School Students Taking Prescription Drugs, Delaware, 2025-2028 83

Table 14c. Objective 5.1.3 to Decrease Percentage Of Adults Reporting Illicit Opioid Use, Delaware, 2025-2028 84

Table 15a. Objective 5.2.1 to Reduce Percentage Of Adults Reporting Binge Or Heavy Drinking, Delaware, 2025-2028 84

Table 15b. Objective 5.2.2 to Decrease Percentage Of Children Consuming Alcohol, Delaware, 2025-2028 85

Table D1. Summary of State Health Improvement Plan Goals and Objectives, Delaware, 2025-2028 114

Table D1. Summary of State Health Improvement Plan Goals and Objectives, Delaware, 2025-2028 (Continued) 115

Table D1. Summary of State Health Improvement Plan Goals and Objectives, Delaware, 2025-2028 (Continued) 116

Table D1. Summary of State Health Improvement Plan Goals and Objectives, Delaware, 2025-2028 (Continued) 117

Table D1. Summary of State Health Improvement Plan Goals and Objectives, Delaware, 2025-2028 (Continued) 118

Table E1. Additional Objectives for the State Health Improvement Plan, Delaware, 2025-2028 120

Table E1. Additional Objectives for the State Health Improvement Plan, Delaware, 2025-2028 (Continued) 121

Table E1. Additional Objectives for the State Health Improvement Plan, Delaware, 2025-2028 (Continued) 122

Table G-1. The Federal Plan for Equitable Long-Term Recovery and Resilience Proposed Recommendations, 2022 126

Table G-1. The Federal Plan for Equitable Long-Term Recovery and Resilience Proposed Recommendations, 2022 (Continued) 127

Table G-1. The Federal Plan for Equitable Long-Term Recovery and Resilience Proposed Recommendations, 2022 (Continued) 128

FOREWORD

The Delaware State Health Improvement Plan (SHIP) is a significant step forward in our collective efforts to foster healthier communities across the state. The SHIP is a blueprint for enhancing our communities' and residents' health and well-being. This plan recognizes the significance of vital conditions and social influences on health. They help shape the environments in which individuals live, learn, work, and play and how communities contribute to thriving populations. The partnership with the SHIP shows the need for an ongoing collective approach to improving public health outcomes. We extend our heartfelt gratitude to the University of Delaware Epidemiology and the dedicated Division of Public Health (DPH) teams, particularly Karen McGloughlin and Chelsea Kammermeier, for their invaluable contributions to this initiative. Their expertise and commitment have been instrumental in shaping a plan that aligns with the priorities set forth by DPH and resonates with the broader goals of Healthy People 2030.

Central to our approach is health equity. We recognize that disparities in access to care, safe and affordable housing, and resources such as healthy food options notably change health outcomes. In addressing these disparities, we aim to cut barriers that prevent individuals from reaching their best health. Health equity goes beyond just equality. It acknowledges that different populations require varying levels of support to achieve positive health outcomes. By focusing on the unique challenges faced by vulnerable communities—such as low health literacy, food deserts, and limited access to health care—we can create targeted interventions that advance an inclusive, supportive, and healthy Delaware.

At the core of this plan lies a commitment to equity and working across areas, understanding that equitable access to health care and resources is crucial for all Delawareans and cannot be accomplished by one group. The DPH's priorities reflect this commitment, ensuring that the voices of the underserved and marginalized populations are at the forefront of our initiatives. Additionally, our partners are at the table making decisions with us. Through true collaboration, targeted interventions, the application of the framework of the vital conditions, and multisolving, we aim to create a more inclusive health care landscape where everyone can thrive.

This plan is not just a roadmap for addressing current health challenges; it is a call to action for all stakeholders in Delaware to come together to build healthier, more equitable communities. By prioritizing the Vital Conditions for Health and Well-Being, we can cultivate environments where everyone can flourish. As we embark on this journey, we invite all Delawareans to join us in our pledge to promote health equity and ensure everyone has access to the resources they need for a healthy life. Together, we can make it happen. We can improve the overall health of our state and begin to realize the ambitious goals outlined in Healthy People 2030.

Very Best Regards,

Dr. Tesha Quail
Deputy Division Director
Chief Health Equity Officer

Sequoia Rent
Chief, Bureau of Health Equity
Deputy Chief Health Equity Officer

EXECUTIVE SUMMARY

The Delaware State Health Improvement Plan (SHIP) is a multi-year strategic plan developed by members of the State Health Assessment/State Health Improvement Plan (SHA/SHIP) Partnership Coalition (Coalition). The Coalition comprises health experts, stakeholders, and residents throughout the state. It is led by the Delaware Department of Health and Social Services (DHSS), Division of Public Health (DPH), the University of Delaware Partnership for Healthy Communities (UD PHC), and the University of Delaware Epidemiology Program (UD EPI). Using the 2023 findings from the Delaware State Health Assessment (SHA), the Delaware SHIP defines priority health outcomes, sets goals, establishes measurable objectives, and outlines strategies for implementation. The Delaware SHIP is an equity-centered plan that brings together people, communities, and organizations to improve public health and identify opportunities for multisolving or working across sectors to address multiple health problems with a single initiative. Grounded in community voice, the Delaware SHIP aims to identify strategies to advance equity and provide ample opportunities for community input.

Implementing the SHIP

The attendees of the Delaware SHIP Summit in December 2023 helped to identify and prioritize domains of the Vital Conditions for Health and Well-Being and health priorities for the SHIP. The selected priority health outcomes and vital conditions were ranked based on need by the Delaware SHIP Summit attendees and those who participated in an online survey distributed throughout the state. All Delaware residents were eligible to provide input on the priority health outcomes and vital conditions. These were finalized based on Coalition prioritization and multisolver selection. The following identified health outcomes were ranked from highest to least prioritized: **1) mental health, 2) chronic disease, 3) maternal and infant health, 4) avoidable injury, and 5) premature death.** The top five identified priority domains of the Vital Conditions for Health and Well-Being framework are 1) **basic needs for health and safety**, 2) **humane housing**, 3) **meaningful work and wealth**, 4) **reliable transportation,** and 5) **lifelong learning**.

The Coalition represents Delaware-based organizations and individuals that are focused on improving the health and well-being of Delawareans. To ensure sufficient group size for effective collaboration, Coalition members were split into four vital condition groups based on their areas of expertise. Specifically, the groups include: 1) **meaningful work and wealth and lifelong learning**; 2) **reliable transportation and humane housing**; 3) **basic needs (housing, food, Medicaid)**; and 4) **basic needs (physical and mental health)**. Each vital condition group is tasked with addressing challenges in the five priority health outcomes.

Each vital condition group addresses the challenges in the five priority health outcomes. Each priority health outcome has two to four **goals**, which symbolize the overarching goal of advancing health and wellness. Each goal has defined **objectives** which will be used to track progress throughout this multi-year plan (Figure 1). The objectives can be found in the “Goals, Objectives, and Strategies” section (Page 47).

1. The mental health priority health outcome focuses on advancing mental health support by tackling the shortage of trained professionals, improving access to mental health treatment, and fostering education and awareness about mental health symptoms. The **two goals** are: 1) Increase access to mental health care and treatment; and 2) Improve mental health outcomes through accessible mental health services and awareness about mental health disorders. Mental health has **five objectives**.

2. The chronic disease priority health outcome focuses on reducing risk factors associated with cancer, hypertension, high cholesterol, and diabetes through comprehensive health care strategies and lifestyle interventions. The **four goals** are: 1) Reduce the population’s risk for chronic disease through population weight management, including physical activity and accessible nutritious food; 2) Reduce the impact of tobacco and nicotine use; 3) Improve preventive screening and routine health visits; and 4) Improve health outcomes through chronic disease condition management. Chronic disease has **15 objectives**.

3. The maternal and infant health priority health outcome focuses on enhancing outcomes for pregnant people throughout the prenatal to postnatal continuum. The **three goals** are: 1) Reduce adverse maternal health outcomes; 2) Reduce adverse infant health outcomes; and 3) Improve maternal health access throughout the pregnancy lifespan. Maternal and infant health has **six objectives**.

4. The priority health outcomes for avoidable injuries focus on enhancing community safety by revitalizing neighborhood conditions, improving transportation options, and promoting awareness of safety initiatives and resources. The **four goals** are: 1) enhance the availability and access to various means of transportation, including walking, cycling, and public transportation; 2) increase vaccine protection against COVID-19 and influenza; 3) decrease the risk associated with driving motor vehicles; and 4) improve health outcomes related to violence, falls, and other avoidable injuries. Avoidable injury has **11 objectives**.

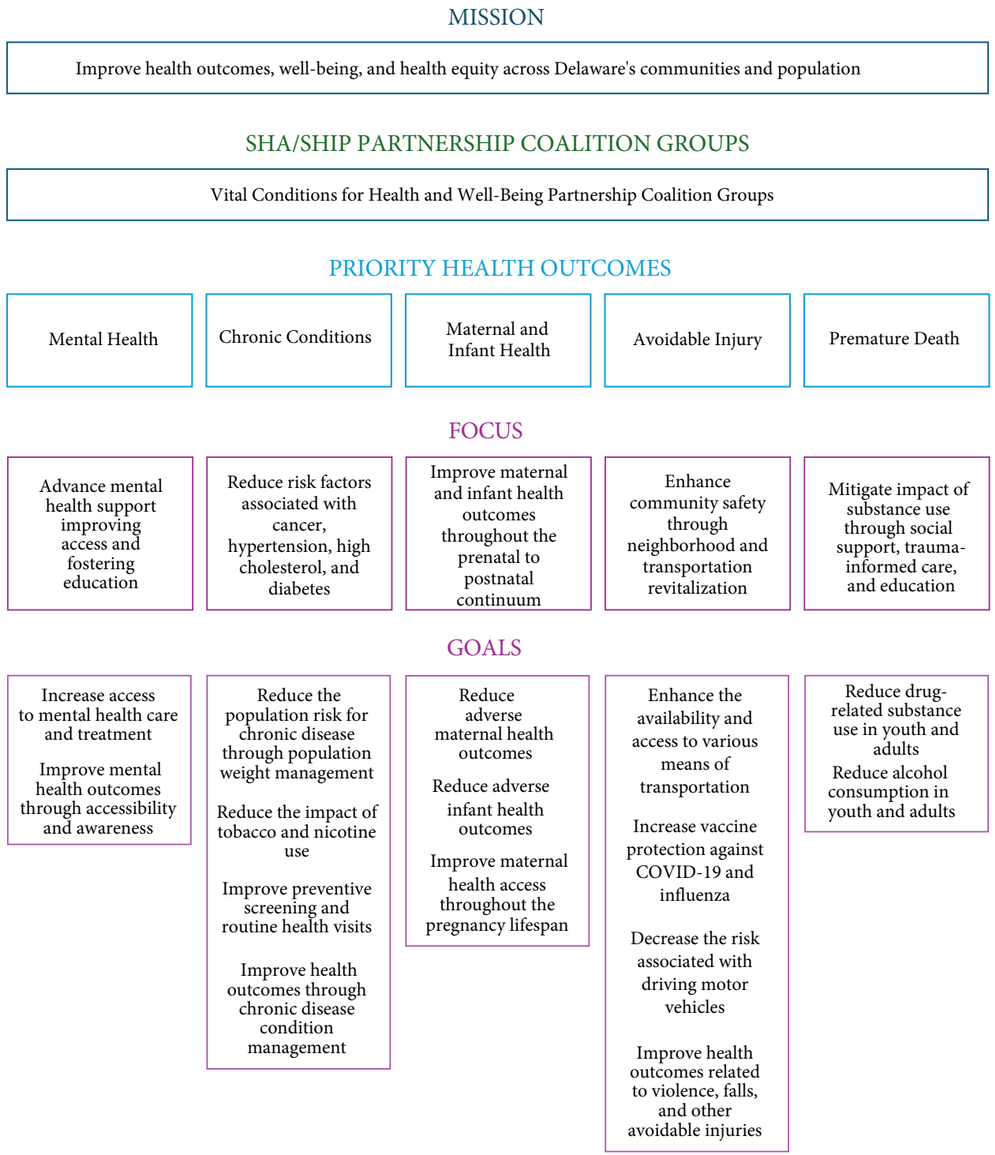
5. The premature death priority health outcome focuses on mitigating the impact of drug and alcohol use through enhanced social support, trauma-informed care, and comprehensive community education and training. The **two goals** are: 1) reduce drug-related substance use in youth and adults; and 2) reduce alcohol consumption in youth and adults. Premature death has **five objectives**.

Beginning in November 2024, Coalition members will attend bimonthly meetings with their assigned vital conditions group to collaboratively develop action/implementation plans addressing specific objectives and strategies for the priority health outcomes. Starting in December 2024, the entire Coalition will convene quarterly for broad check-ins, including status updates, legislative updates, updates from the UD EPI/PHC and DPH teams, and group reflection.

The UD EPI/PHC will conduct a yearly evaluation followed by a comprehensive annual report to address the progress of the priority health outcomes objectives. The findings presented in the report will allow the team to collectively make informed adjustments to the SHIP. By continually aligning the SHIP approach with the evolving needs of the state of Delaware and the SHIP Coalition partners, the plan will remain relevant and responsive to changing priorities related to the health of Delawareans.

The strategies highlighted in the present SHIP are designed to provide targeted, evidence-based interventions that address the most pressing health challenges facing diverse populations across Delaware. These tailored strategies will empower local communities to address their unique health challenges and promote sustainable advancements in public health.

Figure 1. Delaware State Health Improvement Plan (SHIP) Organizational Chart, November 2024



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware State Health Improvement Plan, 2025-2028

How was the SHIP Developed

The development of the Delaware SHIP involved an inclusive, equity-driven, community-centered methodology inspired by the Vital Conditions for Health and Well-Being framework (Figure 2), similar to the one described in the Delaware SHA and Mobilization for Action through Planning and Partnerships (MAPP) framework (Figure 3). The Vital Conditions for Health and Well-Being encompasses the essential elements necessary for the long-term well-being of a community (Community Commons, n.d.). The framework is comprised of seven vital conditions: 1) humane housing; 2) belonging and civic muscle; 3) lifelong learning; 4) thriving natural world; 5) meaningful work and wealth; 6) basic needs for health and safety; and 7) reliable transportation. This framework illustrates the interconnectedness of these domains, demonstrating the necessity of all vital conditions for a thriving community. Applying the vital conditions framework provides opportunities for cross-sector collaboration and guides targeted public health interventions to improve population health outcomes individually and systemically.

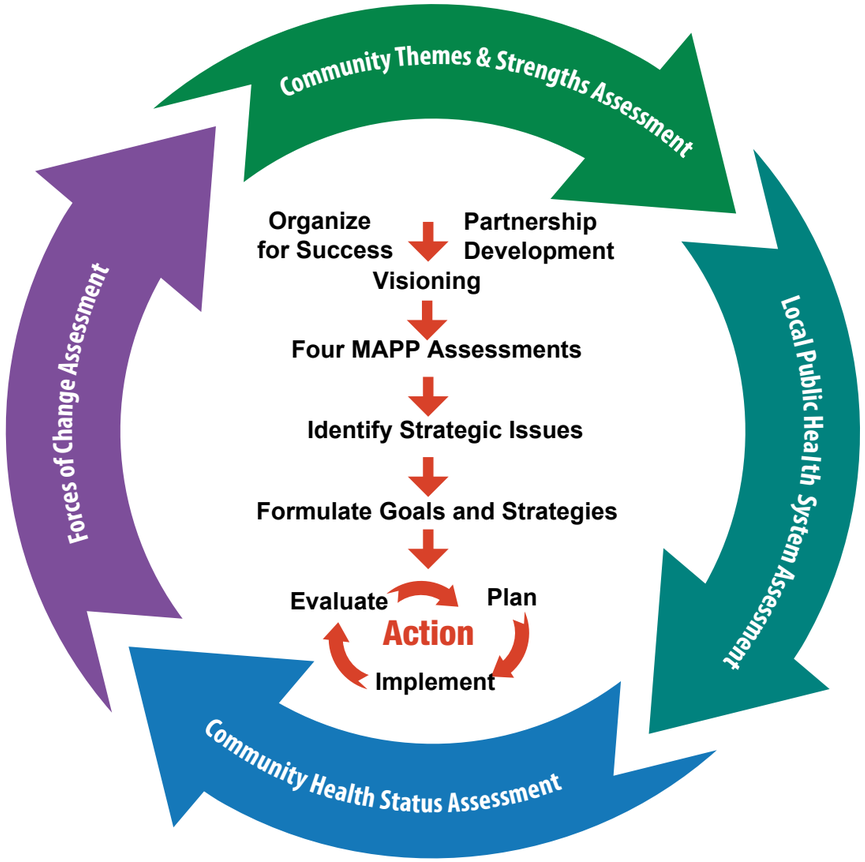
Figure 2. Vital Conditions for Health and Well-Being, 2022

Source: The Office of Disease Prevention and Health Promotion. (2022). 2022 Equitable Long-Term Recovery and Resilience (ELTRR)

The MAPP framework presents a set of evaluations that serve as the foundation for collaborative strategizing. Incorporating the MAPP structure and the standards and measures from the Public Health Accreditation Board (PHAB; see PHAB Section), the development of the SHA involved a diverse team of internal and external stakeholders. This team worked on shaping a vision for the Delaware SHIP and establishing priority health outcomes and priority vital conditions. The Coalition stakeholders and the community contributed to the assessment's development through surveys, focus groups, and a public comment period. Contributors adapted the six phases of the MAPP for the Delaware SHIP as follows:

1. Organization for Success and Partnership Development: The Coalition was formed. Four vital condition groups were formed within the Coalition.
2. Visioning: The visioning for the SHIP was completed during the SHA process and is outlined in the SHA/SHIP's mission and goals.
3. The Four Assessments: The assessments involved included:
   - The 2022-2023 Delaware SHA (including secondary data analysis, Community Assessment for Public Health Emergency Response (CASPER), and community conversations)
   - Strengths, Weaknesses, Opportunities, and Challenges (SWOC) Analysis with the Coalition (see the SHA)
   - Asset Mapping with the Coalition (see the SHA)
   - Ecosystem mapping to identify stakeholders and funding sources within the Coalition (see Assets Section of the Goals, Objectives, and Strategies section).
4. Identify Priority Health Outcomes: Utilizing data from the SHA, the five priority health outcomes that were identified were mental health, chronic conditions, maternal health, premature death, and avoidable injury. Four Coalition sub-groups were created within the Coalition to discuss and plan to address these health outcomes: 1) meaningful work and wealth and lifelong learning; 2) reliable transportation and humane housing; 3) basic needs (housing, food, Medicaid); and 4) basic needs (physical and mental health).
5. Formulate Goals, Objectives, and Strategies: The Coalition vital condition sub-groups identified and refined goals, objectives, and strategies to address the priority health outcomes.
6. Action Cycle: The 2023 to 2028 Delaware SHIP begins with the publication of this report, which will be evaluated and updated for its yearly progress.

Figure 3. Mobilization for Action through Planning and Partnerships (MAPP) Framework, 2008



Source: National Association of County & City Health Officials. (2008). Mobilizing for Action through Planning and Partnerships: A Community Approach to Health Improvement

How to Get Involved

The success of the Delaware SHIP depends on the collaborative efforts of UD EPI, PHC, DPH, and the Coalition. To become involved in the SHIP or the Coalition:

- Visit the Delaware SHIP website to review updates and recent documentation.
- Contact the SHIP email (**info@delawareship.org**) to be added to the Coalition mailing list.
- Investigate how your work in the community aligns with Delaware SHIP's mission and vision and the Vital Conditions for Health and Well-Being framework.
- Work with local and state organizations to help implement SHIP strategies.

State Health Improvement Plan Brief

Delaware's State Health Improvement Plan (SHIP) is a roadmap to improve health and well-being for all Delaware residents. It was created by health experts, community members, and organizations. The plan identifies key health problems and sets clear goals to solve them. The SHIP focuses on equity. This means everyone should have the same chance to live a healthy life, no matter their background, income, or where they live.

What Is the SHIP

The SHIP is a five-year plan led by the Delaware Division of Public Health (DPH). It looks at the state's health, finds the most urgent problems, and sets strategies to fix them. The goal is to make sure every person in Delaware can live a healthy life, supported by safe neighborhoods, good jobs, reliable transportation, and quality health care. This plan uses data and input from the community to address health disparities and improve access to vital services for everyone.

The SHIP also relies on the Vital Conditions for Health and Well-Being framework. This framework includes seven key areas that influence health: humane housing, reliable transportation, thriving natural world, lifelong learning, meaningful work and wealth, basic needs for health and safety, belonging and civic muscle. Addressing these areas ensures better long-term health for all residents.

How Was the SHIP Developed

The SHIP was made with input from surveys, community meetings, and health data. Health leaders and community groups worked together. They identified Delaware's biggest health challenges and created solutions. The SHA/SHIP Partnership Coalition helped review the data and ensured that diverse voices were heard. Community chats played a key role in shaping the plan. They allowed residents to share their experiences and ideas. The SHIP's creation was guided by the "Mobilizing for Action through Planning and Partnerships" (MAPP) framework. This step-by-step process started with assessing Delaware's health. Then the group set goals and created strategies to address problems. The plan will address issues such as mental health, chronic disease, and access to care.

Key Health Challenges

The SHIP focuses on five main health problems that affect Delaware residents:

1. Mental Health
   - Improve access to mental health care and treatment.
   - Raise awareness about mental health conditions.
   - Address the shortage of mental health providers.
   - Reduce the stigma around mental health.

2. Chronic Diseases
   - Prevent diseases such as cancer, diabetes, and heart disease.
   - Promote healthy lifestyles such as nutritious eating and routine physical activity.
   - Increase preventive screenings and routine health visits.
   - Reduce the use of tobacco and nicotine products.

3. Maternal and Infant Health
   - Improve health outcomes during pregnancy and after birth.
   - Ensure access to prenatal and postnatal care.
   - Address disparities in maternal and infant health outcomes.
   - Provide education and support for expecting and new parents.

4. Avoidable Injury
   - Improve safety in neighborhoods and public spaces.
   - Promote safe driving and prevent accidents.
   - Reduce violence and injuries from falls.
   - Encourage the use of vaccines to prevent diseases.

5. Premature Death
   - Reduce deaths caused by drug and alcohol misuse.
   - Provide education and community support to address substance abuse.
   - Promote trauma-informed care to support people affected by substance use.

How Will the SHIP Be Implemented

The SHIP is a team effort involving health providers, community groups, businesses, and government agencies. Together, they will:

- Hold regular meetings to track progress and make adjustments.
- Share updates and gather feedback from the community.
- Focus on solutions that address multiple problems at once ("multisolving").

Implementing the plan will also include training for many. This includes health professionals and community outreach programs. Regular reviews of the progress will help to measure success. The SHIP will adapt over time to meet changing needs and challenges.

Focus on Equity

The SHIP emphasizes equity. It ensures that resources and opportunities are shared fairly. Special attention is given to groups that face the greatest health burdens. Those include low-income families, racial minorities, and people in rural areas. Equity efforts include:

- Collecting data to find disparities in health outcomes.
- Engaging communities in decision-making.
- Creating programs to address specific needs, such as access to affordable health care and nutritious food.
- Providing education and training to reduce barriers and improve health literacy.

Community Involvement

The SHIP's success depends on community involvement. Residents are urged to:

- Participate in surveys and public meetings.
- Share their experiences and ideas for improving health.
- Work with local groups to implement SHIP strategies.

Why Is the SHIP Important

The SHIP brings people and organizations together to solve Delaware's health problems. By focusing on the root causes of poor health, like unsafe housing or lack of access to care, the SHIP works to create lasting solutions. Key benefits of the SHIP include:

- Improved access to health care and resources.
- Better support for mental health and chronic disease management.
- Safer communities with fewer injuries and accidents.
- Reduced health disparities and more equitable outcomes for all.

The Delaware SHIP is more than a plan. It's a commitment to improving the lives of every resident. Working together, Delaware can create healthier communities and a brighter future.

For more information or to get involved, visit the Delaware SHIP website.

INTRODUCTION

What is the Delaware SHIP

The Delaware State Health Improvement Plan (SHIP) is a multi-year strategic plan developed in collaboration with Delaware Department of Health and Social Services (DHSS), University of Delaware Partnership for Healthy Communities (UD PHC), and University of Delaware Epidemiology Program (UD EPI). The Division of Public Health (DPH) is responsible for promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations in Delaware. Specifically, the SHIP is a five-year strategic plan to address the unique health needs and challenges of the state's population and to guide the allocation of resources and efforts toward health improvement initiatives. The Delaware SHIP includes an assessment of the state's current health status, identification of key health issues and disparities, and the establishment of specific, measurable objectives to be achieved over a defined period. The development and implementation of a SHIP is a continuous process of monitoring, evaluation, and adjustment to ensure that the goals and objectives are being met effectively. By focusing on collaborative partnerships and evidence-based approaches, the Delaware SHIP aims to create a healthier and more equitable environment for all residents within the state.

The Delaware SHA/SHIP Partnership Coalition Mission and Values

The Delaware State Health Assessment (SHA)/SHIP Partnership Coalition (Coalition) uses the following mission and vision (Page 2) to guide its work on the Delaware SHIP. The mission and vision statements were developed during a SHA/SHIP Coalition meeting during the project's first year. Participants were provided with several potential mission and vision statements and were asked to provide feedback during an interactive session using a JamBoard to help form the mission and vision. The suggestions for the Coalition were consolidated and included in the final versions of the mission and vision statements.

Mission

To improve health outcomes, well-being, and health equity across Delaware's communities and population.

Vision

All people in Delaware enjoy healthy lives and healthy communities.

The 2022-2023 Delaware State Health Assessment

The Delaware SHA was conducted from 2022 to 2023 by DPH with support from the UD EPI and PHC. The SHA is completed across the state every five years. In doing so, it is designed to aid in comparing Delaware's health to that of the nation. The SHA intended to determine the health needs of Delaware's residents by identifying which Vital Conditions for Health and Well-Being were perceived as the greatest challenges in the state. Another important aspect of this process was determining what factors contribute to the state's challenges and which resources can be mobilized to address them.

Appraising community health needs was done through a multifaceted approach that involved interviewer-administered surveys, hosting community conversations, and forming a statewide partnership coalition. Secondary data was collected and assessed throughout this process to supplement findings. The secondary data included in the SHA were previous reports from federal, state, and local sources describing health indicators identified as a priority in the 2020 Delaware SHIP. The data derived from these sources helped identify health disparities (mental health, chronic disease, maternal and infant health, avoidable injury, and premature death) throughout Delaware, which became the priority health outcomes. Together, all of these sources informed the current Delaware SHIP.

Why the Delaware SHIP is Important

The SHIP is designed to keep the mission and vision statement developed by the Coalition and the definition of public health at its core. With these components in mind, the SHIP brought together public health officials, stakeholders, organizations, community members, and individuals to include input from across Delaware. These diverse viewpoints allow for a community-centered approach to promote the health of individuals and communities across Delaware. This approach is key in the Delaware SHIP, which assesses the Vital Conditions for Health and Well-Being framework and addresses the priority health outcomes. Working on these objectives and strategies as a collective fosters trusting relationships to promote the public health of Delaware now and in the future. Multiple challenges are addressed in the SHIP. A few examples include:

- In 2021, 16.4% of Delaware adults had been told they had a depressive disorder, including depression, major depression, dysthymia, or minor depression (America's Health Rankings, 2022b). Prioritized interventions for mental health disparities can include access to mental health treatment and services.

- The number of deaths in children ages 1 to 19 due to injury (intentional and unintentional) was 18.9 per 100,000 children from 2019 to 2021 in Delaware (America's Health Rankings, n.d.-g). Death due to injury at this age can be avoided and prevented through school-based programming, improved access to mental health resources, and collaboration with parents and caregivers to keep their children safe (America's Health Rankings, n.d.-g).

- Maternal deaths related to or aggravated by pregnancy was 18.9 per 100,000 live births from 2017 to 2021 in Delaware, with racial disparities present in maternal mortality, infant mortality, preterm birth, and low birth weight (America's Health Rankings, n.d.-h). To address these disparities, provider training in education about cultural competency and language accessibility is necessary.

- In 2022, the adult obesity prevalence in Delaware was 37.9% (America's Health Rankings, 2022f), while the prevalence of overweight and obesity among children was 36.2% (America's Health Rankings, n.d.-f). Access to healthy food and routine health care visits are among a few solutions to prevent obesity in Delaware.

PHAB Accreditation

DPH was accredited in 2016 as an indicator that the agency meets or exceeds rigorous public health standards as determined by the Public Health Accreditation Board (PHAB; PHAB, 2022). Achieving and maintaining PHAB accreditation is important for public health agencies to ensure the public health system is high-performing, to build trust and transparency, and to meet national performance standards. Public health departments accredited by PHAB receive accreditation for five years. After the initial accreditation period, the health department must apply again and complete the re-accreditation process (PHAB, 2022).

The PHAB re-accreditation process requires the SHIP to be based on a SHA, set community priorities, and identify measurable outcomes or indicators for health improvement and priorities for action. The Delaware SHIP aims to demonstrate how DPH and the community it serves will work collaboratively to improve population health (PHAB, 2022). Measure 5.2.1 A of the PHAB guidelines defines the adoption of a SHIP as a process that involves significant involvement from key sectors, prioritization of existing activities, and the selection of new priorities (PHAB, 2022). The State of Delaware, with DPH as leaders, plans to use the Delaware SHIP to set priorities and inform health initiatives across the state.

Focus on Equity

Health equity, within the context of the Delaware SHIP, refers to the idea that every person should have an equal chance to attain optimal health, regardless of socioeconomic background, race, ethnicity, gender, or other critical factors or social determinants of health. By viewing the Delaware SHIP through an equity lens, the actions proposed in the SHIP are centered on eradicating health disparities and inequalities, which promotes equitable and just distribution of health resources and opportunities for all.

During the first year of the Coalition meetings, attendees raised important equity concerns such as accessibility to public parks and beaches, and opportunities for high-quality education. To ensure that communities were not overlooked during the SHA/SHIP process, community partners, residents, and various organizations needed to be included in the conversations about improving health and the vital conditions in Delaware. Inclusion being a priority in the SHA/SHIP process ensures that new initiatives and/or resources are allocated towards the most pressing health issues identified by historically marginalized groups. The community provided input on the current status in Delaware throughout the Coalition meetings. However, their voices were most notable during the community conversations, which allowed for bidirectional dialogue.

To maintain health equity throughout the development of the Delaware SHIP, DPH, UD PHC, UD EPI, and key stakeholders focused on the following elements:

Data Collection and Analysis: Collecting and analyzing data on health outcomes, access to health care services, and social determinants of health, such as income, education, and neighborhood environments. This helps identify disparities and informs the development of targeted interventions.

Community Engagement and Participation: Engaging with communities, particularly those disproportionately affected by health disparities, to understand their unique needs, concerns, and priorities. Involving community members in decision-making fosters a more inclusive and responsive approach to addressing health equity.

Policy and Program Development: Developing policies and programs specifically targeting the root causes of health disparities and promoting equitable access to health care services and resources. This may involve initiatives to improve access to affordable health care, reduce barriers to healthy living, and address vital conditions and social determinants of health.

Resource Allocation and Distribution: Strategically allocating resources ensures that underserved and marginalized communities access necessary health care services, preventive measures, and health education programs. This may involve targeted investments in health care facilities, outreach programs, and initiatives to address social and economic disparities.

Collaboration and Partnerships: Building partnerships with community organizations, health care providers, government agencies, and other stakeholders to leverage resources, share best practices, and implement coordinated efforts to promote health equity. Collaborative initiatives can lead to more comprehensive and sustainable solutions.

SHIP Framework and Definitions

Vital Conditions for Health and Well-Being

The Rippel Foundation's Vital Conditions for Health and Well-Being framework was used to understand and address the factors influencing peoples' and communities' overall health and well-being. The framework highlights the cross-connected nature of various factors (Rippel Foundation, n.d.). Social, economic, and environmental factors contribute to health outcomes. The framework also features the importance of addressing these factors to improve health equity. The domains affect each other and, when addressed together, promote well-being for all.

A main part of the framework is the shift from treatment and reliance on urgent services. Instead, the focus is on prevention (Rippel Foundation, n.d.). Urgent services refer to medical care for conditions that require prompt attention. The conditions are not life-threatening or severe enough to warrant a visit to the emergency room. Using a treatment-focused approach does not promote long-term health and well-being. This addresses existing health problems rather than tackling their root causes. That can lead to temporary solutions rather than sustainable change. Instead, a shift to a prevention mindset is worthwhile. The Vital Conditions for Health and Well-Being framework aims to address factors that should reduce and/or prevent the use of urgent services.

The Vital Conditions for Health and Well-Being framework consists of seven key elements. These elements are essential for creating the conditions necessary for all people and communities to thrive:

Basic Needs for Health and Safety

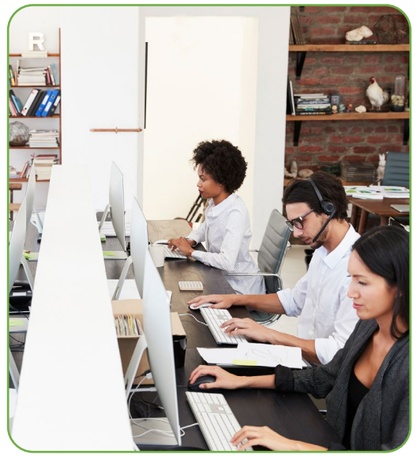
Meeting basic needs is crucial for well-being (The Office of Disease Prevention and Health Promotion [ODPHP], n.d.-a). This includes culture, language, mental and behavioral health, and safety. Essential needs include access to fresh air, clean water, nutritious food, and a stable home. Access to supports, freedom, and safety in physical and social spaces are also needed for thriving (ODPHP, n.d.-a; Rippel Foundation, n.d.).

Humane Housing

Access to humane housing requires affordable housing near essential resources. Resources people use each day include food, transit, and income-building opportunities (ODPHP, n.d.-c; n.d.-d). Quality, harm-free housing is good for physical, mental, and financial health. It helps build stable communities and wealth across generations. Humane housing qualities are having enough space per person, being in a safe structure, and being affordable. They are found in diverse neighborhoods and near daily resources (Rippel Foundation, n.d.).

Meaningful Work and Wealth

Meaningful work and wealth refers to fulfilling jobs that pay a livable wage and help economic movement. This area contributes to secure and healthy communities (Thriving Together, n.d.-a). It involves improving access to banking, financial resources, and job training. It also includes well-paying jobs, wealth-building, savings, and limiting debt. These are crucial for lower-income and underrepresented groups (Rippel Foundation, n.d.).



Lifelong Learning

Lifelong learning supports learning across the lifespan. It includes literacy, knowledge, and skill development. Lifelong learning is also linked to better income, options, and health (ODPHP, n.d.-b). Ensuring equitable opportunities requires fixing education access gaps. It also means promoting learning across all ages and stages. Lifelong learning includes early childhood, career, and adult education and development (Rippel Foundation, n.d.).

Reliable Transportation

Reliable transportation connects people to everyday and essential resources. It impacts health care, jobs, learning, activities, and civic engagement (ODPHP, 2022). It includes active transport, nearby supports, smart energy use, safety, and few natural hazards (Rippel Foundation, n.d.). Disparities in transit access can limit options for older adults and persons with disabilities. Transit access can also impact those with alternate and varied work schedules.

Thriving Natural World

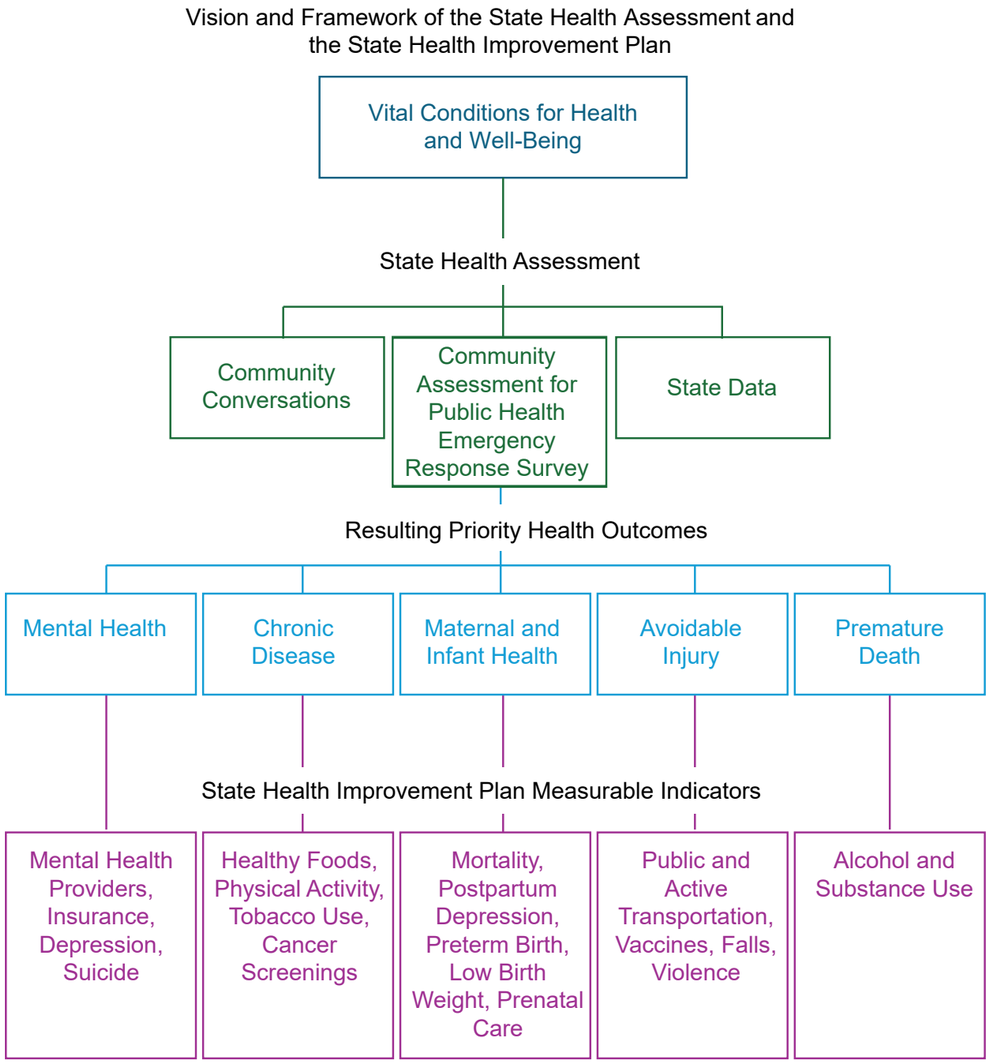
Healthy spaces free from hazards and harmful germs are needed for well-being (ODPHP, n.d.-d). The natural world impacts food, energy, transportation, health care, water, and land development systems. Reducing climate change and preserving natural resources and systems are vital to healthy communities (Rippel Foundation, n.d.).

Belonging and Civic Muscle

Thriving people and families need healthy relationships and strong social support to foster trust and unity (Thriving Together, n.d.-b). These ties help them navigate challenges and reinforce healthy behaviors (Thriving Together, n.d.-b). Key elements include community, social support, civic engagement, and freedom from stigma and oppression (Rippel Foundation, n.d). Civic engagement can include any community or public engagement. That can be a neighborhood group, a school board, a local food bank, or a public rights group.

The Vital Conditions for Health and Well-Being helped create an equity-driven framework. They guided the data collection activities (Figure 4). This includes discussions with the Coalition, the Community Assessment for Public Health Emergency Response (CASPER) survey, and community conversations. All the collected data was framed in the vital condition domains. The CASPER survey responses and subjective findings from the community chats revealed broad health inequities. Some themes were found statewide. To triage the most important health outcomes, the Coalition helped narrow down the findings. The top health outcomes are mental health, chronic conditions, maternal health, avoidable injury, and premature death. The Coalition was then split into four groups. Each group viewed the goals and strategies from a cross-cutting lens of the vital condition's domains. These identified health outcomes from the SHA were used to develop the Delaware SHIP.

Figure 4. Delaware State Health Improvement Plan (SHIP) Framework, November 2024



Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware State Health Improvement Plan, 2025-2028

Association of State and Territorial Health Officials Guide to Developing a SHIP

The SHIP uses the Association of State and Territorial Health Officials (ASTHO) *Developing a State Health Improvement Plan: Guidance and Resources* (ASTHO, 2014) to help define the plan's priorities, goals, objectives, and strategies. The following definitions were used to guide the discussions among the vital conditions groups:

PRIORITY	A focal health topic focused on achieving the goal of improving the health of Delawareans
GOAL	The broad statements of what the Coalition hopes to accomplish related to the priority and may include the approach or "by or through" phrase
OBJECTIVE	The targets for achievements through interventions, which include outcome, impact, and process objectives
STRATEGY	A plan of action that defines how the objectives will be reached. They specify activities that must be planned, by whom, and for whom

Assets are listed for each priority health outcome. Assets are the community resources and stakeholders available to help achieve the objectives. Assets are essential for the SHIP because it is a collaborative effort across the state and will require support and guidance from stakeholders and community members.

Data Limitations

The objectives outlined throughout the SHIP have been selected based on the availability and consistency of data collected at the state level. It is important to note that the measures used for each goal may not be the ideal measure for the goal. However, the data included represent the best information available. To select the goals and objectives, the Coalition prioritized vulnerable populations and persons facing health disparities. Although the current data do not allow these groups to be highlighted explicitly within each objective, their needs will be addressed through targeted strategies embedded within each goal. As new data become available, the SHIP will be updated to include new insights and information. The SHIP will continue to ensure it maintains its focus on advancing health equity and improving outcomes for those most in need. In addition, the data that is presented throughout the SHIP was accessed before January 20, 2025 and may no longer be available.

SHIP PROCESS AND PARTNERSHIP COALITION ENGAGEMENT

The SHA/SHIP (State Health Assessment/ State Health Improvement Plan) Partnership Coalition (Coalition) stakeholders helped in shaping Delaware's SHIP. The Coalition stakeholders were recruited through multiple channels including invitation, word of mouth, the SHIP website, in-person events focusing on health equity, and Health | Engagement | Access | Learning | Teaching | Humanity (HEALTH) for All. HEALTH for All is an initiative under the University of Delaware Partnership for Healthy Communities (UD PHC) to promote healthy living choices and wellness, and site activities (i.e., libraries and food pantries) that are open to the public. Membership was open to anyone interested. The participating stakeholders represent an organization or community champion. They participate in the collaborative effort to enhance the state's health care landscape. Stakeholders include state legislators, health care providers, community organizations, and other entities united to improve public health outcomes across Delaware. The stakeholders bring their unique resources, expertise, and perspectives to the Coalition. Each member contributes to the development and execution of the strategies outlined in the Delaware SHIP. Their role is pivotal in aligning efforts, leveraging collective strengths, and addressing health challenges completely. These stakeholders play a vital part in implementing and advancing initiatives in the SHIP to enhance the overall well-being and health of the state's residents. In partnership with the communities, these members represent residents of the state and the Vital Conditions for Health and Well-Being. Table 1 lists the Coalition participants by vital condition during the summit. These stakeholders were engaged in prioritizing the health outcomes and vital conditions. Table 2 presents the Coalition in their respective vital condition groups as of fall 2024.

Table 1. Number and Percentage of State Health Assessment (SHA)/State Health Improvement Partnership (SHIP) Membership by Vital Condition, Delaware, December 2023

Coalition Stakeholder Demographics	N (%)
Basic Needs for Health	19 (30.65)
Basic Needs for Safety	1 (1.61)
Humane Housing	9 (14.52)
Meaningful Work and Wealth	12 (19.35)
Lifelong Learning	9 (14.52)
Reliable Transportation	2 (3.23)
Thriving Natural World	0 (0.00)
Belonging and Civic Muscle	10 (16.13)

Source: Delaware State Health Assessment, Delaware State Health Assessment/State Health Improvement Plan Coalition, 2025-2028
Note: Total Coalition Membership (N=62)

Table 2. Number and Percentage of State Health Assessment (SHA)/State Health Improvement Partnership (SHIP) Membership by Vital Condition, Delaware, September 2024

Coalition Stakeholder Demographics	N (%)
Basic Needs (Housing, Food, and Medicaid)	24 (24.24)
Basic Needs (Physical and Mental Health)	26 (26.3)
Meaningful Work and Wealth and Lifelong Learning	24 (24.24)
Reliable Transportation and Humane Housing	25 (25.3)

Source: Delaware State Health Improvement Plan, Delaware State Health Assessment/State Health Improvement Plan Coalition, 2025-2028
Note: Total Coalition Membership (N=99)

In preparation for the SHIP, several Coalition meetings were held in January, March, and September 2024 to finalize key aspects of the SHIP. These meetings involved team-building, brainstorming discussions, ecosystem mapping, vital condition prioritization, priority health outcome prioritization, goal and objective setting, and strategy identification. All meeting materials can be found on the Delaware SHIP Website. Takeaways from the April 2024 Moving Delaware Forward: From Equity Awareness to Action Equity Action Summit are included as well.

Delaware State Health Improvement Plan Summit

The Delaware SHIP Summit was held on Dec.13, 2023, and Dec.14, 2023, at Dover Library. The summit agendas, recorded sessions, and PowerPoints are available online at the Delaware SHIP Website. There were approximately 40 individuals online and 40 in person during both days of the summit. During the first day of the summit, the 2022 to 2023 Delaware SHA process was introduced, and the results of the vital conditions areas and health outcomes that emerged during the assessment were shared. The activities on the first day of the summit aligned with phase four of the SHIP process as the priority health outcomes and vital conditions of focus were identified. The rest of the summit consisted of panelists representing several of the vital conditions, including humane housing (Habitat for Humanity), reliable transportation (DART Reimagined), health literacy (ChristianaCare), and community safety (Coalition for a Safer Delaware and Delaware Coalition Against Gun Violence).

Prioritization of Health Issues

The health outcomes were identified during the SHA process using the Vital Conditions for Health and Well-Being framework in accordance with Healthy People 2030 and through conversations with Delawareans and partners. Data was reviewed with the attendees in reference to conditions and disease states through the SHA and available state resources. During day two of the Delaware SHIP Summit, attendees were asked to rank the vital conditions and health outcomes. Attendees were instructed to base their decisions on three criteria: impact, feasibility, and cost-effectiveness. Impact was defined as the number of people impacted by a condition or disease state. Feasibility pertained to the practicality and achievability of implementing interventions. Cost-effectiveness was described as the efficiency of interventions in relation to their costs.

Identification of Priority Health Outcome Areas

During the Delaware SHIP Summit, 23 participants provided input for the online survey regarding the Vital Conditions for Health and Well-Being areas. The prioritization surveys were distributed to the Coalition and summit attendees to provide feedback and input. The survey was open from Dec. 20, 2023, through Jan. 3, 2024. The Delaware SHIP team also asked that the survey be widely circulated within member networks to encourage maximum participation. The survey was posted online and available for public involvement through the Delaware SHIP website and Coalition stakeholders network. The prioritization survey was also shared via DPH social channels for snowball responses. The information gathered during the Delaware SHIP Summit and through public participation was consolidated with the survey data. There were 83 complete responses to the prioritization questions between the two channels.

Participants were asked to rank the health outcomes, with one being the greatest need and five being the lowest need health outcome for Delaware. The number of votes reflects the highest number for that rank, not across all of the health outcomes. For example, participants voted what level of need they believed mental health fell on. Then, they did the same for the next health outcome. The results of this survey showed respondents answering that mental health had the greatest need (35 votes), followed by chronic disease (26 votes), maternal and infant health (22 votes), avoidable injury (31 votes), and premature death (36 votes).

Identification of Priority Vital Conditions for Health and Well-Being Areas

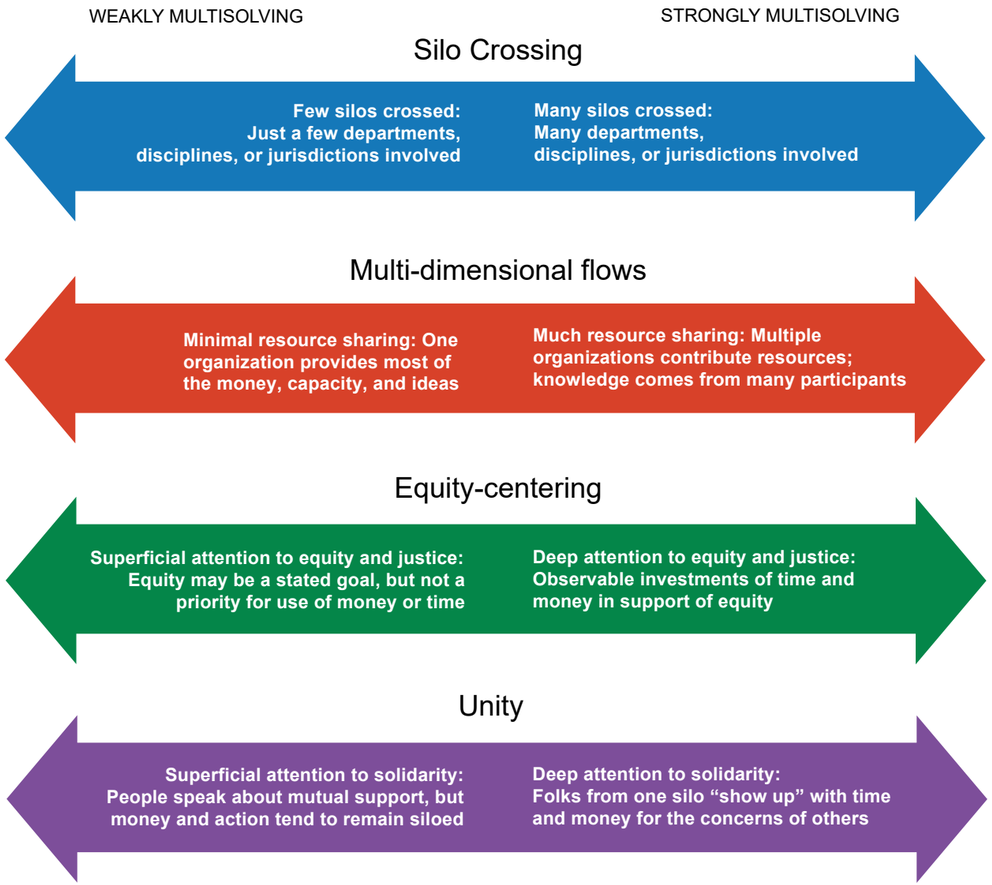
The Delaware SHIP Summit attendees and those who responded to the survey were asked to rank the Vital Conditions for Health and Well-Being framework domains, with one as the greatest need and seven demonstrating the least need. Similar to the priority health outcomes, the number of votes reflects the highest number for that rank, not across all vital conditions. The order of the prioritization does not reflect the order of the vital conditions. The results of the prioritization ranked the Vital Conditions for Health and Well-Being framework vital condition areas as follows: **1) Basic Needs for Health and Safety (34 votes), 2) Humane Housing (37 votes), 3) Meaningful Work and Wealth (24 votes), 4) Reliable Transportation (17 votes), 5) Thriving in the Natural World (19 votes), 6) Lifelong Learning (22 votes), and 6) Belonging and Civic Muscle (39 votes).**

Multisolving Solutions

The Delaware SHIP Summit also introduced the idea of multisolving. Multisolving is the idea that specific strategies can impact multiple problems across different sectors (Rippel Foundation, n.d.). As seen in Figure 5, multisolving solutions are intended to:

- Cross many silos and sectors
- Increase multidimensional resource sharing
- Be deeply equity-centered
- Foster unity and commitment from diverse stakeholders for issues beyond their group's scope (Bowens, 2023).

Figure 5. Multisolving: How do you know it when you see it?, July 2023



Source: Bowens, K. (2023). Multisolving: How Do You Know It When You See It? Multisolving Institute.

The strategies in the Delaware SHIP were designed intentionally as multisolving solutions. The multisolving strategies were adapted from the Federal Plan for Equitable Long-Term Recovery and Resilience (ELTRR) for Social, Behavior, and Community Health. This Federal ELTRR list was narrowed to 32 multisolving strategies (Appendix G) and adapted for application for Delaware by the UD PHC and UD EPI teams at the state level (ODPHP, 2022).

The 32 proposed multisolving solutions were chosen based on the needs identified in the 2022-2023 SHA. The 32 multisolving solutions were further narrowed using a multivoting technique by working together with the community and the Coalition stakeholders (National Association of County & City Health Officials, 2008). Multivoting is a technique used to narrow down a lengthy list of options to a more manageable number of top choices or priorities (Agency for Healthcare Research and Quality [AHRQ], n.d.). This method enables an idea that has broad support from the group to emerge as the leading choice, even if it is not preferred by any single person (AHRQ, n.d.). The steps for multivoting included giving participants a number of votes. Each participant voted. The votes were counted. The items that received the most votes were selected. The remaining items were discussed and prioritized (AHRQ, n.d.).

The list of the 32 multisolving solutions was presented at the Yes, Wilmington! event on October 27, 2023, during the SHIP Summit on Dec. 14, 2023, and additional information was gathered during a survey period from Dec. 20, 2023, to Jan. 2, 2024.

For the multivoting, participants were asked to select 12 multisolving solutions to support the identified health outcomes and the Vital Conditions for Health and Well-Being for Delaware. After discussing their individual selections within groups during the Delaware SHIP Summit, they were asked to make changes to the 12 selected multisolving solutions based on their group discussions. The final vote for the multisolving solutions was collected via PollEverywhere during the Delaware SHIP Summit and Qualtrics post-Summit.

The top six selected multisolving solutions are:

1. **Humane Housing:** Coordinate affordable housing developments with proximity to comprehensive services.
2. **Lifelong Learning:** Increase access to high-quality early childhood education.
3. **Reliable Transportation:** Increase the widespread availability of reliable public transportation that is affordable, frequent, and convenient within and between communities.
4. **Meaningful Work and Wealth:** Increase the minimum wage ($15 /hr.) and index to median wage growth.
5. **Basic Needs for Health and Safety:** Expand state Medicaid coverage to include federally allowable supports for social needs (housing, food); coverage of evidence-based services such as community health workers; tobacco cessation supports, etc.
6. **Basic Needs for Health and Safety:** Increase access to health care services for physical and mental health (e.g., community health workers, telemedicine, school-based health centers, increase providers, etc.).

In January 2024, the results of the multisolving solutions were presented to the Coalition attendees. Cross-sector support for these solutions was discussed during subsequent Coalition meetings and the Moving Delaware Forward: From Equity Awareness to Action Summit. It is important to note that these multisolving solutions are naturally systemic. They require coordinated efforts across various sectors and levels of governance to achieve all around and sustainable change. Therefore, the “Legislation in Delaware” section establishes what is being done in the state to address the multisolvers. While the current SHIP identifies connections between multisolving solutions and priority health outcomes (seen in the “Systems-Levels Connections” section), it falls short of addressing these outcomes effectively at the community and state levels.

To guide this effort, the top five identified priority domains of the Vital Conditions for Health and Well-Being framework were: 1) basic needs for health and safety, 2) humane housing, 3) meaningful work and wealth, 4) reliable transportation, and 5) lifelong learning. These domains were prioritized based on their alignment with the voted-upon multisolvers. The Coalition groups were formed around these domains. Each group embodies the principles of cross-sector collaboration and focuses on tailored strategies to address priority health outcomes. Through the lens of the vital conditions and the concept of multisolving, these groups aim to develop comprehensive goals, objectives, and strategies based on the priority health outcomes at the community and state levels.

Moving Delaware Forward: From Equity Awareness to Action Summit

Moving Delaware Forward: From Equity Awareness to Action Summit was a two-day summit in April 2024. It was an opportunity to create a space for conversations around strategies for advancing health equity in Delaware. Keynote speakers included LaTosha Brown, co-founder of Black Voters Matter, who emphasized the importance of voting in advocating for equity. Another prominent keynote was Admiral Rachel L. Levine, M.D., U.S. Assistant Secretary for Health, who discussed national initiatives for health equity.

In collaboration with the UD PHC, the event affirmed the positive impact of the SHIP and its multisolving solutions for priority health outcomes. Breakout sessions covered cross-sector equity action, the Delaware housing crisis, youth leadership in equity, and the state's focus on justice, equity, diversity, and inclusion. These breakout sessions aimed to provide open discussions on how the five-year SHIP initiative will bring positive change to Delaware and affirm the SHIP initiative.

The event concluded with a call-to-action ceremony, providing attendees with information on ongoing activities and events to continue advocating for equity in Delaware.

SHA/SHIP Partnership Coalition Meeting Summaries

The SHIP Coalition meetings provide valuable opportunities to connect with stakeholders across Delaware. Each meeting fosters a collaborative environment to inform and gather feedback on the five-year implementation plan for the SHIP. To access the meeting recordings and slides, visit the official Delaware SHIP website Delaware SHIP website.

January 2024 SHA/SHIP Planning Coalition Meeting

This meeting focused on discussing the results of the Delaware SHIP Summit and ecosystem mapping. Coalition members reviewed and finalized the priority health outcomes: mental health, maternal health, and chronic disease. The meeting also covered the benefits of multisolving solutions and reviewed selected solutions for each priority based on survey results. An interactive activity on ecosystem mapping concluded the meeting. The goal was to understand the current landscape, potential opportunities for disease states, and additional multisolving solutions.

March 2024 SHA/SHIP Planning Coalition Meeting

This meeting delved deeper into multisolving solutions, health equity, and the 2020 Delaware SHIP. It highlighted important strategies to enable multisolving solutions for priority health outcomes. The meeting concluded with a review and comparison of the goals and objectives of the current Pennsylvania and Connecticut SHIPs. That helped stakeholders identify ways to organize strategies, assets, and potential partners for the current Delaware SHIP implementation plan.

September 2024 SHA/SHIP Planning Coalition Meeting

Within the vital conditions groups, a facilitator led multiple activities to engage each group in discussions that were used to develop implementation plan strategies. The first activity involved participants reviewing and refining Delaware's priority health outcomes based on the SHA and observed knowledge. The second activity involved refining the implementation plan, including collaboratively developing objectives and strategies, as well as identifying assets related to addressing the priority health outcome.

Future SHA/SHIP Partnership Coalition Meetings

Bimonthly meetings are held with Coalition vital conditions groups to develop action plans to address the top health outcomes. The plans will adapt to the evolving needs of Delawareans. Meetings with the entire Coalition are held quarterly to review individual group progress/ updates regarding their action plans and broader updates from UD PHC/EPI and DPH. To maintain engagement between meetings, a bimonthly Progress and Satisfaction Survey is sent to the Coalition members to rate their satisfaction with the overall SHIP process and the effectiveness with Coalition meetings to provide updates, and list any requests for resources/ information. After the SHIP is published, the implementation phase will begin. During this phase, town halls and public comment sessions will be held. The town halls and public comment sessions will help to refine and adapt strategies to better meet community needs. By customizing strategy to address specific local issues and fostering collaboration among stakeholders, the Delaware SHIP aims to tackle complex health challenges more effectively. Engaging the community at multiple levels is essential for the success of the Delaware SHIP. That ensures a thorough understanding of diverse perspectives and needs, promotes community ownership, and leads to more effective and lasting interventions.

SYSTEMS-LEVEL CONNECTIONS

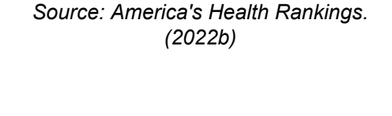
Priority Health Outcomes

Based on a review of secondary data in the 2023 Delaware State Health Assessment (SHA), the priority areas of concern identified are chronic disease, maternal and infant health, avoidable injury, premature death, and mental health. The identified health areas are consistent with the 2020 Delaware State Health Improvement Plan (SHIP).

Mental Health

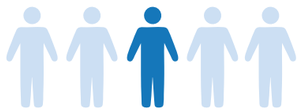
Data from the 2020 SHIP indicated that the rate of Delaware adults reporting good mental health was declining (My Healthy Community, n.d.-a). In addition, Delaware adults who have been told they have depressive disorder increased by 33% between 2012 and 2017 (My Healthy Community, n.d.-a). More recent data from 2021 highlighted that 87.0% of Delaware adults reported good mental health (My Healthy Community, n.d.-a). However, there was a 5% decrease in reported good mental health and an 11% increase in reported depression from 2012 to 2021 (My Healthy Community, n.d.-a). Furthermore, in 2021, mental health issues in Delaware remained widespread, with 149,000 Delawareans having a mental health condition (National Alliance on Mental Illness, n.d.). That data is consistent with trends reported in the 2020 SHIP. In 2022, depressive disorders affected about one in every five Delaware adults (19.9%) (America's Health Rankings, 2022b). Women were more likely to report having a depressive disorder (24.4%) compared to men at 14.9% (America's Health Rankings, 2022b).

Figure 6. Women and Men who Report Having a Depressive Disorder, Delaware, 2022



Source: America's Health Rankings. (2022b)

Figure 7. Prevalence of Depressive Disorders, Delaware, 2022



19.9% OF DELAWARE ADULTS ARE AFFECTED BY DEPRESSIVE DISORDERS

Source: America's Health Rankings. (2022b)

Chronic Disease

Findings from the 2020 SHIP indicated little progress related to reducing the prevalence of chronic disease such as heart disease, diabetes, and asthma. Cancer and diseases of the heart were the main contributors to death in Delaware in 2021 (Delaware Health Statistics Center, 2023). Diabetes prevalence in Delaware is consistent with the national average of 10%, but hypertension and high cholesterol now affect over one-third of Delaware's adult population (America's Health Rankings, 2022h, 2021f).

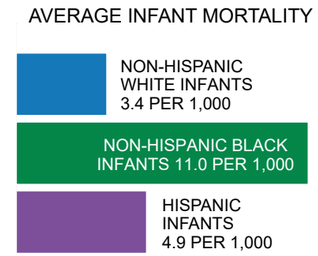
Overall, Delaware continued to struggle with high rates of obesity, physical inactivity, and disparities in exercise access across the state in 2021 (University of Wisconsin Population Health Institute, 2024). These persistent chronic disease precursors, as well as the rates of conditions like hypertension, high cholesterol, cancer, and diseases of the heart, highlight the need for continued and focused efforts to reduce the prevalence of these conditions and improve health outcomes statewide.

Maternal and Infant Health

Maternal and infant health is a critical indicator of the health of a community. Several trends have emerged in relation to infant mortality. The infant mortality rate has slightly worsened, increasing from 5.9 infant deaths per 1,000 live births between 2017 to 2021 to 6.1 infant deaths per 1,000 live births between 2018 to 2022 (Delaware Health Statistics Center, 2023). In addition, significant racial disparities in Delaware persist.

Non-Hispanic Black infant mortality rates are approximately three times higher than those of non- Hispanic white infants between 2018 to 2022 (Delaware Health Statistics Center, 2023). Between 2018-2022, Delaware's five-year average infant mortality rates were as follows: 3.4 infant deaths per 1,000 live births for non-Hispanic white infants, and 11.3 infant deaths per 1,000 live births for non-Hispanic Black infants (National Center for Health Statistics, 2022).

Figure 8. Five-Year Average Infant Mortality Rate by Race and Ethnicity, Delaware, 2017-2021.



Source: Delaware Health Statistics Center. (2022). Delaware Vital Statistics Annual Report 2022. Note: Infant mortality rates represent the number of deaths of children under one year of age per 1,000 live births.

Avoidable Injury

Avoidable injuries are a significant public health concern in Delaware, contributing to a substantial burden of morbidity and mortality. In Delaware, there were an average of 123 deaths and 305 injuries annually attributed to gun violence between 2019 to 2023 (EveryTown, 2024). This reflects a 15% increase in gun deaths from 2013 to 2022 (EveryTown, 2024). Violent offenses, including crimes that involve force or threat of force, have seen a general decrease of 8% statewide between 2018 to 2022 (from 18,684 to 17,278) (State of Delaware Statistical Analysis Center, 2024). In 2020, 25.6% of Delawareans ages 65 and older reported a fall in the past year, which is similar to the national average (27.1%) (America's Health Rankings [AHR], 2020).

Motor vehicle crashes have increased, with 27,830 crashes reported in 2022, compared to 24,161 crashes in 2020 (Delaware State Police, 2023). It should be noted that the COVID-19 pandemic contributed to lower driving rates in 2020. In addition, there is a significant disparity in motor vehicle crashes by county, with 16,397 of the crashes in 2022 attributable to New Castle, 7,058 crashes attributable to Sussex County, and 4,375 crashes attributable to Kent County (Delaware State Police, 2023).

Premature Death

Substance use and alcohol consumption are some of the leading risk factors for premature death (García et al., 2024). The rate of non-medical use of prescription drugs or illicit drugs among adults is slightly lower than the national average in 2023; the state's rate of illicit opioid use (4.7%) is considerably higher than the national average of 1.1% (AHR, 2023a). There is an upward trend in drug-related deaths in Delaware. It reflected a five-fold increase since 2000. This is consistent with recent data reporting the number of total drug overdose deaths in 2023 was 531 (CDC, 2024g). The age-adjusted drug overdose mortality rate in Delaware was 53.8 per 100,000 population in 2023, significantly surpassing the national rate of 33.5 per 100,000 population (CDC, 2024g).

Excessive alcohol consumption was reported by 16% of Delaware adults in 2021, which is slightly below the national average of 18% (University of Wisconsin Population Health Institute, 2024). Despite some progress in addressing mental health-related issues, Delaware continues to face significant challenges. With rising rates of depression, barriers to care, and substance use, this data highlights the ongoing need for comprehensive strategies to manage these concerns.

The Crossroads of Priority Health Outcomes and Vital Conditions

Multisolving solutions have the potential to address multiple priority health outcomes through strategies that span many different sectors. Understanding the relation of strategies at the system level aided in the identification of elements within the priority health outcomes that can be addressed using multisolver strategies. The cross-sector teamwork within the Coalition allowed the Delaware SHIP to foster a unified approach to understanding how priority health outcomes are connected to multisolving approaches at the system level. The subsequent connections between priority health outcomes and further vital conditions were analyzed in-depth to assist in the broader understanding of our fight against health inequities.

Humane Housing: Coordinate affordable housing developments with proximity to comprehensive services.

Connection to Priority Health Outcomes

Housing stability and poor housing conditions are strongly connected to the priority health outcomes identified in this SHIP. Housing instability can lead to significant mental health challenges due to the stress associated with cost burdens, affordability, and the threat of eviction. Mental health conditions may make it more difficult for individuals to secure and maintain stable housing. For example, individuals struggling with depression or anxiety may find it more difficult to navigate the complexities of housing applications or to maintain consistent employment, increasing their risk of housing instability (Chapman, 2024).

Related to chronic conditions, poor housing conditions such as inadequate ventilation and poor air or water quality are linked to a higher prevalence of chronic diseases (ODPHP, n.d.-d). Additionally, the financial strain of high housing costs often limits an individual's ability to allocate resources toward other critical needs, such as nutritious food, preventive health care, and chronic disease management, leading to negative health consequences over time (Grewal et al., 2024). For example, a study about individuals experiencing homelessness indicated that chronic diseases such as diabetes, hypertension, and asthma are more common among people who are newly homeless than among the general population (Schanzer et al., 2007).

Housing instability and substandard housing conditions significantly impact maternal and infant health. Poor housing conditions, including crowding, unstable temperatures, and vermin infestations, are risk factors for sleep-related infant injury or death, even when safe sleep environments (i.e., cribs, bassinets) are present (Reece, 2021). Further, housing instability is a significant predictor of low birth weight. At the same time, pregnant people and infants who experience homelessness are more likely to experience birth complications, with the severity of homelessness predicting low birth weight and preterm birth (Reece, 2021).

Homes that lack essential safety features, such as smoke alarms, carbon monoxide detectors, stair gates, and window guards, increase the risk of avoidable injuries (World Health Organization, 2018c). These risks are even higher for children or elderly individuals who are more vulnerable to preventable injuries such as falls and burns (World Health Organization, 2018c). Thus, it is critical to ensure that affordable housing developments include basic safety measures and safe structures.

Housing instability and homelessness are closely linked to an increased risk of premature death (ODPHP, n.d.-c). Rising rental costs, eviction filings, and homelessness are associated with an increased risk of mortality (Graetz et al., 2024; Zordan et al., 2023). The impacts of eviction on mortality are most pronounced for those at lower eviction risk (Graetz et al., 2024).

Enhancing Priority Health Outcomes with the Multisolver

Improving access to affordable housing with proximity to comprehensive services can alleviate these priority health outcomes through various mechanisms.

1. **Mental Health:** Reducing housing-related stressors and increasing access to housing near mental health services can significantly improve the psychological well-being of residents.
2. **Chronic Disease:** Prioritizing healthy living environments can help manage and prevent chronic diseases.
3. **Maternal and Infant Health:** Providing safe and stable housing can lower the risk of birth complications and infant deaths while also supporting the health and well-being of pregnant people.
4. **Avoidable Injury:** Ensuring basic safety features in homes can prevent common household injuries, especially for populations who are more vulnerable to injury, such as elderly groups.
5. **Premature Death:** Proximity to emergency services can ensure timely care in the case of injuries and decrease the risk of further complications or death as a result of injury.

Importance for Marginalized Groups

This multisolver approach is especially critical for marginalized groups, including racial and ethnic minorities, low-income populations, rural populations, and people with disabilities. These communities face systemic barriers worsening their vulnerability to housing instability and associated health risks. Specifically, discriminatory housing practices have historically marginalized racial and ethnic minorities (Sistrunk et al., 2022). Further, financial instability often forces low-income populations to choose between housing and other essential needs, such as food, health care, and education (National Low Income Housing Coalition, 2024). Additionally, people living in rural areas often experience isolation and lack access to services (Henning-Smith et al., 2020), and people with disabilities often face challenges in finding affordable housing that meets their needs for accessible facilities and proximity to health care providers (World Health Organization, 2018b).

As a result, these populations are disproportionately affected by housing instability, substandard living conditions, and limited access to essential services (ODPHP, n.d.-a; ODPHP, n.d.-d), leading to health outcome disparities. By prioritizing humane housing solutions that integrate affordable housing with proximity to comprehensive services, the gap in health disparities for these marginalized groups can be bridged.

Overall Connections to Other Vital Conditions for Health and Well-Being

Coordinating affordable housing to nearby resources impacts health outcomes directly through stability and access mechanisms. It also supports other vital conditions. For example, stable housing, when in proximity to resources, facilitates access to transportation, work, and education opportunities, as well as resources required to meet basic needs for health and safety. Further, stable housing can allow for a sense of belonging within the community. Additionally, removing stress and barriers related to unstable housing conditions can support overall well-being, bolstering an individual's capacity to find new avenues of health. Affordable housing can increase one's proximity to natural spaces as well as protect individuals from health hazards such as pollution, no running water, and/or inadequate indoor plumbing.

Lifelong Learning: **Increase access to high-quality early childhood education.**

Connection to Priority Health Outcomes

The groundwork for strong mental health is established during early childhood through interactions with parents, peers, and mentors, such as teachers (Center on the Developing Child, 2013). Up to 30% of children in early childhood education (ECE) settings may require special attention due to emotional regulation or behavioral challenges (Carrey et al., 2014). Largely, greater access to relevant programs, such as adverse childhood experiences (ACEs) screenings and care coordination allows for timely intervention and prevention of long-term mental health issues (Hoagwood et al., 2021).

Chronic health conditions significantly impact school-aged children in the U.S. Over 40% of school-aged children and adolescents have at least one chronic health condition (CDC, 2021). Effective early management of these conditions can lead to better health outcomes, improved academic performance, and reduced absences (CDC, 2017). High-quality ECE can integrate health education and management strategies to help identify and support children with chronic diseases and allow them to thrive in the learning environment despite these health challenges (CDC, 2021).

Regarding maternal and child health, ECE access is critical for immediate and long-term health outcomes. Specifically, early childhood experiences in education systems lay the foundations for health through the development of cognitive, emotional, and social factors (Center on the Developing Child, 2010). Further, nurturing care, including ECE experiences, is critical for child health, survival, and development and additionally can impact maternal mortality (World Health Organization, 2018a). For example, the Early Head Start program offers an integrated approach to improve child development, health, and parent engagement (Hoagwood et al., 2021). Overall, early support through avenues of early education settings can vastly improve children's development and pregnant people's health.

Unintentional injuries are a major threat to children's lives and health. However, they are largely preventable (Zamani & Evinger, 2007). ECE providers play a major role in protecting children from injuries (CDC, 2024b). In ECE settings, providers can implement effective prevention strategies, such as regular safety checks, environmental modifications, close supervision, and clear rules related to student safety (Zamani & Evinger, 2007). High-quality ECE programs that address chronic conditions and preventable injuries can help reduce the risk of premature death. By promoting healthy behaviors early in life, these programs lay the foundation for long-term well-being and healthy development. A five-decade prospective study demonstrated that ACEs can significantly affect premature mortality (Yu et al., 2022), showing the importance of ECE settings in shaping health throughout the lifespan.

Enhancing Priority Health Outcomes with the Multisolver

Access to high-quality ECE is critical for enhancing the priority health outcomes for the population.

1. **Mental Health:** ECE programs can detect mental health challenges early and provide necessary interventions.
2. **Chronic Disease:** Common youth chronic conditions like asthma, diabetes, and obesity can be supported through tailored health education and management strategies.
3. **Maternal and Infant Health:** High-quality and accessible ECE programs can be supported through parental education, which promotes child development, health, and parent engagement.
4. **Avoidable Injury:** ECE programs can implement safety protocols and strategies that are also shared with parents through education.
5. **Premature Death:** Overall, these multifaceted components will ultimately mitigate the risk of premature death through timely intervention and nurturing environments. Before these benefits can manifest, families must first have access to these programs with minimal barriers related to costs, transportation, etc. Once accessible, children and families are set up for success through a multifaceted approach related to priority health outcomes.

Importance for Marginalized Groups

High-quality ECE is especially important for marginalized groups. For example, the socioeconomic status of a child's family and community can significantly impact their educational outcomes. Children from disadvantaged backgrounds are likely to repeat grades or drop out of school (ODPHP, n.d.-b). These groups often face barriers to accessing ECE, which can exacerbate disparities in health outcomes (National Association for the Education of Young Children, 2019). ECE can be a critical intervention point for these groups to address these disparities and promote equity (National Association for the Education of Young Children, 2019). Further, increasing access to inclusive and culturally responsive ECE is critical (National Association for the Education of Young Children, 2019). These programs support identifying developmental issues, provide tailored health services, and foster family engagement. Addressing these needs promotes long-term equity by ensuring that all children can develop the skills and resilience necessary for lifelong well-being.

Overall Connections to Other Vital Conditions for Health and Well-Being

Increasing access to high-quality ECE has strong implications for an individual's future access to meaningful work and wealth. By laying the foundation for lifelong learning, children with strong early education will have enhanced marketability for employment opportunities and resulting income (Center on the Developing Child, 2010). Further, this economic stability impacts housing stability (including housing free from environmental hazards), access to reliable transportation, access to green and other natural spaces, and other critical resources to meet basic health needs, all needed for long-term health. High-quality education experiences, usually characterized by a supportive environment, foster children's sense of community and belonging (Center on the Developing Child, 2010). Promoting lifelong learning for youth is pivotal in shaping choices and expanding opportunities that propel successful, thriving communities.

Reliable Transportation: Increase the widespread availability of reliable public transportation that is affordable, frequent, and convenient within and between communities.

Connection to Priority Health Outcomes

Access to reliable transportation directly impacts mental health by reducing social isolation and increasing access to mental health services (Garg et al., 2022). People who cannot reliably access transportation may face limited feelings of self-control, further driving negative mental health (Garg et al., 2022). Related to access to services, a lack of transportation can be a key barrier to missing mental health appointments and treatments (Garg et al., 2022), including substance use disorder treatment (Cohen et al., 2024), which may worsen conditions. Bolstering availability, affordability, and convenience of transportation can help individuals maintain consistent access to needed mental health services and reduce the incidence of mental health issues, especially for vulnerable populations such as elderly and people with intellectual and physical disabilities populations.

Reliable transportation is vital for managing chronic disease. Living with a chronic condition often requires consistent access to clinicians and medications, especially as treatment plans may change over time. Delays in care due to transportation issues can worsen chronic conditions, and these effects can grow over time, resulting in worsened health outcomes (Syed et al., 2013). Reliable transportation is necessary to effectively treat and manage chronic disease (Starbird et al., 2019).

Access to reliable, affordable, and safe transportation is crucial for maternal and infant health, particularly during pregnancy. Prenatal care includes regular doctor's visits and is essential for a healthy pregnancy. Missing these appointments can result in significant health consequences for the pregnant person and child (Kohler, 2019). These concerns are especially relevant for people from marginalized communities (e.g., people of color, people with disabilities, etc.). These groups face significant barriers to public transportation, including service design, safety, and accessibility (Malasky, 2022). Further, pregnant persons face considerable challenges when using public transportation, including inadequate sidewalks and crosswalks, inaccessible elevators and escalators, and a lack of amenities such as restrooms and seating (Malasky, 2022). In addition, the logistical demands of childcare, which often require frequent and dispersed trips, make transit systems designed around traditional work commutes inefficient for caregivers (Malasky, 2022). Addressing this reliable transportation multisolver will ultimately safeguard the health of pregnant persons and their children.

Safe and reliable public transportation systems are critical in preventing injury and premature death. Motor vehicle crashes are a significant public health concern, killing over 100 people per day in the U.S. (CDC, 2024a). Public transportation, as one of the safest travel methods, is 10 times safer per mile than traveling by car and has a significantly lower rate of traffic casualties (Litman, 2016). Communities built around public transit experience about a fifth of the traffic casualty rate compared to those reliant on personal cars (Litman, 2016). Additionally, modest increases in public transportation use can lead to large traffic safety benefits. Safety strategies related to reducing risky driving behaviors are more effective when implemented alongside improvements in public transportation (Litman, 2016). Considering this, it is critical to ensure that public transportation methods are affordable, frequent, and convenient to reduce avoidable injury and premature death.

Enhancing Priority Health Outcomes with the Multisolver

Increasing the widespread availability of reliable, affordable, frequent, and convenient transportation enhances priority health outcomes across several dimensions.

1. **Mental Health:** Improved transportation can reduce social isolation and improve social factors related to well-being.
2. **Chronic Disease:** Reliable transportation has positive implications for managing chronic conditions, especially regarding reaching providers and appointments.
3. **Maternal and Infant Health:** Safe and reliable transportation is critical for pregnant parents to attend prenatal care appointments, ensure healthy pregnancies, and reduce health risks for pregnant persons and their children.
4. **Avoidable Injury and Premature Death:** Improved transportation enhances public safety and can reduce the incidence of avoidable injury and premature death related to traffic accidents, providing a significantly safer alternative to personal vehicles.

Importance for Marginalized Groups

This multisolver approach is especially important for marginalized groups, as these populations face unique barriers to access essential services such as health care, employment, and social support, all of which are required for optimal well-being. Transportation needs tend to be greater among population groups such as older adults, persons with access and functional needs (AFN), and those living in rural settings with limited public transportation systems (Garg et al., 2022). For instance, seniors may require reliable transportation due to reduced mobility and a more frequent need for timely medical appointments. In addition, elderly individuals looking to maintain independence need a safe and convenient way to travel. Similarly, persons with AFN often face transportation systems that are not designed to accommodate their unique needs (Garg et al., 2022). This can ultimately limit their autonomy in accessing health services and community participation. Ultimately, groups with unique barriers require equitable access to reliable and safe transportation for health care, work, learning, social activities, and civic engagement opportunities to combat disparities in health outcomes (ODPHP, 2022).

Overall Connections to Other Vital Conditions for Health and Well-Being

Increasing the availability of affordable, frequent, and convenient transportation directly impacts multiple Vital Conditions for Health and Well-Being. This multisolver can improve access to critical needs such as food and health care resources. Additionally, related to housing, it can allow individuals, especially in rural areas, to live further away from jobs or resources while still maintaining options for affordable housing. Reliable transportation can also foster lifelong learning by ensuring children can consistently and safely reach learning opportunities. Further, increased availability of public transportation can open up new job opportunities for individuals, influencing their ability to find meaningful employment and build wealth. Related to belonging, reliable public transportation can facilitate connections between people in their communities and allow for participation in civic, faith, and cultural activities. Lastly, increasing infrastructure for public transportation has positive environmental implications related to pollution and sustainability for thriving in the natural world.

Meaningful Work and Wealth: Increase the minimum wage ($15/hr.) and index to median wage growth.

Connection to Priority Health Outcomes

Although the literature on the connection between minimum wage and mental health is mixed, higher wages have the potential to decrease financial stress, which can largely contribute to mental health issues (CDC, 2023). Generally, research indicates that higher minimum wages are associated with reduced suicide rates and improved mental health, with the mechanism hypothesized to be decreased financial stress (Rokicki et al., 2023). Wage increases may improve mental health through greater job satisfaction and increased leisure time (CDC, 2023).

In terms of chronic disease, having greater financial resources in the form of an increased minimum wage may allow for better health through increased access to resources needed for health, such as health care services, housing, and healthy food (CDC, 2023). There is evidence that demonstrates associations between increased wages and decreases in hypertension and heart disease death (Narain & Zimmerman, 2019; Van Dyke et al., 2018), as well as low wages and obesity (Kim & Leigh, 2010). Largely, the effects of increased minimum wage on chronic disease are indirect. Higher earnings can reduce financial stress, improve access to health care, enable healthier lifestyles, and lead to better management and prevention of chronic diseases (Buszkiewicz et al., 2021; Leigh et al., 2019). The financial hardship of chronic disease, in the form of medical treatments and care over prolonged periods, may jeopardize an individual's ability to manage the disease, leading to negative health outcomes (Jeon et al., 2009). Although the solutions related to this are layered and must involve other layers of support, increases in wages have the potential to mitigate the financial burden of chronic diseases, ultimately improving health outcomes.

This multisolver can reduce maternal stress, improving health outcomes for both parents and children (Rokicki et al., 2023; Marcil et al., 2020). Financial strain has a strong influence on the lives of parents with children, as they may be forced to make financial trade-offs to meet the needs of their children, resulting in self-blame and detrimental effects on overall well-being (Marcil et al., 2020). Largely, socioeconomic status can greatly contribute to pregnancy complications (Nicholls-Dempsey et al., 2023), and minimum wage is also associated with infant health outcomes, such as birth weight (Wehby et al., 2020).

Increasing wages can also impact rates of premature death in populations. Evidence demonstrates that sustained low-wage earnings may increase mortality risk and excess deaths (Kezios et al., 2023; Tsao et al., 2016). Similar to chronic disease, the mechanisms of premature death are likely indirect; increased financial resources or a stable income allows individuals to access health resources and make healthier life choices (Buszkiewicz et al., 2021; Leigh et al., 2019), overall decreasing the risk of premature death. Raising the minimum wage can be crucial in reducing premature mortality, especially among low-wage workers.

Although there are minimal direct statistical links between avoidable injury and wages in the literature; socioeconomic status may significantly increase the risk of injuries and worsen health outcomes. Specifically, individuals with low socioeconomic status are more likely to experience worse long-term outcomes, including morbidity and mortality, following injury (Herrera-Escobar et al., 2019; Birken & Macarthur, 2004). For children, these worse long-term outcomes after injury may be the result of limited access to care post-injury, impacting their ability to recover (Trinidad & Kotagal, 2023). Increasing wages may help to mitigate the negative long-term outcomes of injury by providing families with the financial resources needed to access safer environments and prevention programs, as well as post-injury care, ultimately reducing injury-related disparities.

Enhancing Priority Health Outcomes with the Multisolver

Increasing the minimum wage and indexing it to median wage growth is a multisolver strategy that strengthens the identified priority health outcomes, especially for low-wage workers and historically marginalized populations.

1. **Mental Health:** Increasing wages can alleviate financial stress, benefiting mental health and well-being.

2. **Chronic disease:** Higher earnings have the potential to increase access and ability to use resources such as health care, healthy food, and stable housing, all of which are critical for preventing and managing chronic diseases.

3. **Maternal and Infant Health:** Higher wages have the potential to improve accessibility to prenatal care and reduce stress, which may have positive health effects for both pregnant persons and their children.

4. **Avoidable Injury:** Higher wages may play a role in reducing disparities in socioeconomic status, therefore reducing injury-related disparities by increasing the financial resources available for safer living conditions and post-injury care.

5. **Premature Death:** Empowering individuals in the community to make healthier lifestyle choices and access critical resources can help prevent negative health outcomes.

Importance for Marginalized Groups

Increasing meaningful work and wealth opportunities are significant for marginalized populations who historically face barriers to economic stability, such as low socioeconomic status populations, females, and ethnic/racial minority populations. These populations are more likely to earn low wages, which worsens the adverse health effects of poverty (American Public Health Association [APHA], 2016; Clark et al., 2022). This may include higher rates of chronic disease, mental health issues, and reduced access to resources needed for health and safety. Minimum wage policies that keep pace with inflation and align with costs of living in a particular geographic location can mitigate disparities and provide marginalized populations with the means to live a comfortable and healthy life (APHA, 2016; Leigh et al., 2019).

Overall Connections to Other Vital Conditions for Health and Well-Being

Increasing the minimum wage and indexing it to median wage growth has implications for improving a community's ability to allocate resources to basic needs for health and safety and thriving in a natural world, especially for low-wage workers. For example, low-income communities face higher exposure to hazards such as pollution chemicals and waste, threatening their safety and resulting in acute and chronic health problems (ODPHP, n..d.-d). Similarly, it can enhance funds for housing, transportation, and education. Largely, this multisolver can bolster economic stability within a community, which has strong implications for improved well-being and resilience. As a result of decreased financial stress, community members may have more capacity for efforts related to social relations, fostering a sense of connectedness and belonging.

Basic Needs for Health and Safety: Expand state Medicaid coverage to include federally allowable supports for social needs (housing, food); coverage of evidence-based services such as community health workers; tobacco cessation supports, etc.

Connection to Priority Health Outcomes

Increased Medicaid coverage can largely increase access to social and mental health services, leading to significant improvements in markers of mental health (Winkelman & Chang, 2018). The expansion of Medicaid is associated with better access to necessary mental health care and medications for individuals with depression. Medicaid also decreases delays or avoidance of essential treatments among those experiencing serious emotional distress (Harker & Sharer, 2024). Additionally, research has shown that Medicaid expansion positively impacts self- reported mental health outcomes, especially for low-income populations (Harker & Sharer, 2024). Further, Medicaid provides coverage to one in four adults with serious mental illness and is critical for the effective management of mental illness, ensuring access to services such as therapy and prescription medications (National Alliance on Mental Illness [NAMI], n.d.).

Expanding coverage for services through Medicaid is vital to managing chronic disease. The literature demonstrates that uninsured adults are less likely to receive preventive services for conditions such as diabetes, cancer, and cardiovascular disease (ODPHP, n.d.-a), which can lead to worse health outcomes. On the other hand, some studies have found that Medicaid beneficiaries with chronic illnesses use more services and report better access to care than uninsured adults with the same illnesses (Kaiser Commission on Medicaid and the Uninsured, 2012). Additionally, the literature demonstrates increased screening for chronic conditions, which is critical for prevention (Guth & Ammula, 2021).

Similar to the effect of Medicaid expansion on the accessibility of mental health and chronic disease services, expanding Medicaid has been shown to enhance access and use of health care for pregnant persons and parents. That is particularly evident in prenatal and postpartum care (Guth & Ammula, 2021). Expanding Medicaid may improve birth outcomes such as maternal mortality and low birth weight (Guth & Ammula, 2021).

Medicaid expansion has the potential to prevent premature deaths through a variety of mechanisms. A study by Miller and colleagues (2021) found that between 2014 and 2017, Medicaid expansion prevented the premature death of over 19,000 adults ages 55 to 64. It also found that around 15,600 adults died prematurely due to the failure to expand Medicaid. Further, a national study found that expansion was associated with a significant decrease in all-cause mortality and reductions in health care amenable mortality (Guth & Ammula, 2021). Generally, these effects can be attributed to improved access to preventive and primary care; improved health outcomes due to chronic disease detection, diagnosis, management; treatment; reductions in overdose deaths; and improved mental health (Harker & Sharer, 2024).

This multisolver approach also addresses avoidable injuries by increasing insurance coverage and access to rehabilitation services for trauma patients (Knowlton et al., 2020; Metzger et al., 2021). This post-injury care is critical for the long-term health of communities. Medicaid expansion can decrease injury-related emergency department visits, potentially from the increased access to other outpatient services (Knowlton et al., 2020). Further, Medicaid expansion can reduce socioeconomic and racial disparities in access to rehabilitation and other services (Metzger et al., 2021).

Enhancing Priority Health Outcomes with the Multisolver

Overall, expanding state Medicaid coverage to include federally allowable supports for social needs and coverage of evidence-based services can enhance priority health outcomes. This expansion can increase access to preventive services, which has positive implications for the identified priority health outcomes. It can improve disease management, cover essential services like therapy and prescription medications, and improve access to prenatal and postpartum care, contributing to the health of pregnant people and children. Further, Medicaid enhances accessibility and long-term health outcomes related to injury and trauma. Overall, this multisolver can indirectly impact these priority health outcomes by addressing vital conditions that contribute to these outcomes, such as stable housing and access to food. These impacts make it a strong multisolver addressing various health-related factors.

Importance for Marginalized Groups

Expanding Medicaid coverage to include social support and evidence-based services is especially important for underserved populations. They often face the greatest barriers related to the influencers of health, specifically access to care (Baah et al., 2019). Research indicates that Medicaid expansion can help to reduce disparities in coverage and health outcomes by race and ethnicity and socioeconomic status, especially through coverage rates, affordability of care, use of services, and maternal and infant health outcomes (Guth & Ammula, 2021). Further, this multisolver can improve access to care in rural areas, as well as mitigate barriers to receiving essential services for people involved in the justice system and those experiencing homelessness (Guth & Ammula, 2021). Largely, this multisolver can serve as a tool for addressing health inequities and improving health outcomes across historically marginalized groups through various domains under the vital conditions.

Overall Connections to Other Vital Conditions for Health and Well-Being

Expanding state Medicaid coverage will directly impact accessibility to services, allowing for unmet needs to be addressed. This is through the convenience and tailoring of services. It is important to note that reliable transportation and a hazard-free natural environment are essential to access these expanded covered resources and support. Further, expanding support for social needs directly alleviates barriers to housing and education. By ensuring basic needs are met, coverage of resources through Medicaid indirectly impacts lifelong learning and meaningful work and wealth by allocating time and effort toward jobs and educational success.

Basic Needs for Health and Safety: Increase access to health care services for physical and mental health (e.g., community health workers, telemedicine, school-based health centers, increase providers, etc.).

Connection to Priority Health Outcomes

Expanding access to mental health care through this multisolver approach, especially through community health workers, telemedicine, and school-based providers, addresses gaps in behavioral health services. By leveraging community-based or primary care services, models of care that integrate behavioral health into primary care can be advanced to ensure a more equitable distribution of services (Nuzum et al., 2022). Alternative access methods are also critical to advancing the accessibility of services.

For example, telemedicine is an innovative tool that helps remove barriers to access, making it easier and more efficient for things like therapy sessions, ultimately speeding up treatment (Haleem et al., 2021). Additionally, the Centers for Medicare and Medicaid aim to improve access to behavioral health similarly by expanding the mental health workforce (Seshamani & Jacobs, 2023).

Improving access to care for chronic conditions through this multisolver approach can significantly improve long-term health outcomes in a community. Accessibility to health and social needs is critical to timely chronic disease prevention, treatment, and management (Nguyen et al., 2021). Community interventions with community health workers have proven to be effective and cost-efficient, especially in supporting low-income, underserved, and racial and ethnic minority communities (Kim et al., 2016; Kangovi et al., 2017). Alternative approaches to care such as telemedicine can improve chronic disease outcomes through medication, easily involving family members, enhancing patient education, and helping remove accessibility barriers (Corbett et al., 2020).

Expanding access to health care services can significantly improve maternal and infant health. Community health workers engage communities, address local needs, and mobilize efforts toward enhancing maternal and infant health. Community health workers can be accessible to communities by integrating community care into primary care systems (Lassi et al., 2016). Access challenges, which are particularly relevant for rural communities and communities of color, can result in premature birth, low birth weight, maternal mortality, maternal morbidity, and increased risk of postpartum depression (Center for Medicare & Medicaid Services, 2021). When pregnant people can access health services, maternal deaths decrease (World Health Organization, 2019).

Premature death and avoidable injury are additionally influenced by access to whole-person health care services. Limited access to medical care accounts for between 5%-15% of premature deaths or other unwanted health outcomes in the U.S based on four data sources that accounted for the years 1993, 2007, 2008, and 2010-2013. (Kaplan & Milstein, 2019). This demonstrates the need for an expansion in the accessibility of services. Largely, improved access to services can aid in preventing and managing conditions that may lead to premature death. Regarding avoidable injury, access to services like clinics, general practitioners, hospitals, and diagnostic facilities influence the outcome of an injury event (Franklin & Sleet, 2018). Specifically, access can allow for more timely and effective treatment of injury, improving long-term health outcomes, including premature death. Through thorough and integrated services, this multisolving approach can improve community health.

Enhancing Priority Health Outcomes with the Multisolver

Increasing access to health care services for physical and mental health by increasing providers is crucial in addressing the priority health outcomes identified.

1. **Mental Health:** Enhancing access to mental health services will help bridge gaps in behavioral health care, allowing more community members to access needed care and support.

2. **Chronic Disease:** Improving access ensures a greater degree of prevention and appropriate resources for managing and treating chronic conditions.

3. **Maternal and Infant Health:** Expanded access through community health workers and integrated care models can enhance maternal and infant health outcomes, addressing critical problems such as maternal mortality and low birth weight.

4. **Avoidable Injury and Premature Death:** Increasing the availability of care for conditions that contribute to injury and premature death can help improve overall health outcomes.

Importance for Marginalized Groups

The multisolver approach to expanding access to health care services is essential for underserved and marginalized groups. Adding resources such as community health workers, telemedicine, integrated school-based health centers, and an increased number of providers will aid in breaking down the barriers faced by underserved populations. For example, community health workers are crucial for advancing equity through mechanisms of their “frontline” work in which they can provide culturally and linguistically appropriate health education, assist individuals in navigating complex health care systems, and connect individuals to tailored resources for isolated and high-risk populations (Centers for Medicare & Medicaid Services, 2021). Innovative tools such as telemedicine can reduce barriers through this model of remote access to care, which is especially important for community members who live in rural areas or economically disadvantaged areas without reliable transportation (Kaplan, 2021). Increasing access to health care is critical to addressing social and systemic determinants contributing to health disparities. This can be achieved by integrating community care into primary health systems (Lassi et al., 2016). Ultimately, this approach can potentially reduce gaps in health outcomes for marginalized groups.

Overall Connections to Other Vital Conditions for Health and Well-Being

Increasing access to health care services for physical and mental health is a high-level multisolver that has cascading effects on the Vital Conditions for Health and Well-Being. Through services such as telemedicine, barriers related to accessing health services in-person due to poorly developed or unclean areas and reliable transportation are minimized. On the other hand, having reliable transportation facilitates access to providers and services. Related to basic needs for health and safety, increased access to services allows for prompt and effective care required to meet health needs. With that, individuals who are healthy due to accessible physical and mental health care have an improved ability to participate in and benefit from vital conditions such as education, housing, and meaningful employment throughout their lifespan. Sound physical and mental health can facilitate social connections and a sense of belonging. In addition, this multisolver has implications for the productivity and success of communities, especially with early intervention points such as school-based health services.

LEGISLATION IN DELAWARE

Humane Housing: Coordinate affordable housing developments with proximity to comprehensive services.

These systems-level multisolving strategies are currently being addressed in Delaware through various initiatives. Regarding humane housing, as of August 2024, the Delaware State Housing Authority (DSHA) has provided over $5 million in Housing Stability Program grants to eight community partner organizations. The Housing Stability Program aims to prevent evictions and provide new housing opportunities through community navigators, emergency rental assistance, and covering security deposits and initial rent payments (State of Delaware News, 2024a). Further, in May 2024, the Delaware Senate passed Senate Bill 293 (S), which prohibits landlords from discriminating against tenants based on their housing assistance use including government-sponsored rental assistance. Some people receiving rental assistance face additional challenges when looking for/securing housing. This bill aims to improve access to stable and affordable housing for low-wage workers, seniors, veterans, and persons with disabilities (Delaware Senate Democrats, 2024b). A July 2024 press release by the Delaware House Democrats outlined several bills passed by the Delaware House of Representatives aimed to address housing issues by encouraging investment in new construction (SB 22). Several bills aimed to strengthen housing programs (SB 25; SB 244). Other bills will also establish protections for residents (SB 245; SB 246; SB 247; SB 293 (S); HB 372; HB 212 (S)). Specifically, this bipartisan package aims to increase affordable housing options, reduce barriers to home ownership, and provide stable housing for vulnerable populations (Delaware House Democrats, 2024).

Lifelong Learning: Increase access to high-quality early childhood education.

Delaware's 2023 state budget to support early care and education expanded from previous years as child care subsidy rates increased 15%, state-funded pre-K funding doubled, and staffing levels in special education pre-K programs increased (Alliance for Early Success, n.d.). The Delaware Department of Education (DOE) released a 2023 to 2028 Strategic Plan that focuses on advocating for policies that support multilingual learners and strengthen their capacity to achieve academic success (Delaware DOE, n.d).

In addition, the federal Rural and Low-Income Schools program grant will provide financial assistance to support student achievement in rural areas, including Cape Henlopen and Polytech school districts (State of Delaware News, 2024d). Further, targeted literacy initiatives, such as the Accelerate Grant and the Early Literacy Leadership Academy, have aided support for ECE across the state. The literacy initiatives demonstrate notable increases in literacy proficiency, particularly among students with disabilities (State of Delaware News, 2024g). The First Chance Initiative, led by First Lady Tracey Quillen Carney, aims to facilitate partnerships and collaborative efforts that address the needs of school-aged children. These efforts include childhood hunger, learning readiness, and literacy, as well as family engagement and responses to ACEs (Office of the Governor John Carney, n.d.; State of Delaware News, 2024b). In addition, the Delaware Literacy Alliance Plan for 2024 to 2027 uses both quantitative and qualitative research to identify key literacy challenges while ensuring that community voices are central to shaping solutions (Delaware Literacy Alliance, n.d.). In alignment with the Delaware Early Literacy Plan developed by the Delaware DOE, nearly $1 million in federal Elementary and Secondary School Emergency Relief (ESSER) funds were provided to support innovative 2024 summer enrichment programs. The goals of ESSER are to enhance literacy and well-being, leading to significant improvements in foundational literacy for students in kindergarten through 5th grade (State of Delaware News, 2024f).

Reliable Transportation: Increase the widespread availability of reliable public transportation that is affordable, frequent, and convenient within and between communities.

Delaware has devoted efforts toward increasing the widespread availability of reliable public transportation. DART First State, operated by the Delaware Transit Corporation (DTC) in conjunction with the Delaware Department of Transportation (DELDOT), released a "DART Reimagined" report in March 2024 in response to evolving transportation demands. The DART Reimagined plan focuses on establishing a reliable core transportation network with higher frequencies, improving service quality through microtransit models and equitable options for vulnerable populations, simplifying navigation and transfers, upgrading technology, and prioritizing safety through infrastructure improvements (DART First State, 2024). In 2024, DELDOT completed the DelDOT Long Range Transportation Pla. The plan aims to identify goals, policies, and priorities that will shape DELDOT's investments and decision-making over the next 20 years.

Meaningful Work and Wealth: Increase the minimum wage ($15/hr.) and index to median wage growth.

The Delaware Department of Labor reported incremental increases in minimum hourly wages, from $11.75 in 2023 to $13.25 in 2024. Although this multisolver was selected and met, to reflect changing needs in Delaware, the multisolvers can and will be updated by the vital condition groups. In 2025, the minimum wage will increase to $15.00 (Delaware Department of Labor, n.d.). Delaware has also rolled out other programs, such as Delaware EARNS, a new retirement savings program sponsored by the Office of the State Treasurer. This program helps to bridge the retirement savings gap, allowing businesses to help their employees save for retirement through payroll deductions into a Roth IRA (Delaware Earns, n.d.). Further, the Delaware General Assembly introduced and passed legislation enhancing employee rights. Examples include expanded protections for wages, specifically related to wage theft or wage violations (SB 27; SB 35) and domestic worker wages (HB 258), the introduction of state- sponsored retirement programs (HB 205 w/ HA3), and paid leave (SS 2 for SB1; HB 17) (Fasic & Delcollo, 2024).

Basic Needs for Health and Safety: Expand state Medicaid coverage to include federally allowable supports for social needs (housing, food); coverage of evidence-based services such as community health workers; tobacco cessation supports, etc.

Many bills have been passed throughout Delaware to support expansion of Medicaid coverage. As of January 1, 2024, Delaware House Bill 80 required that doula services be covered by Medicaid, including support to pregnant persons before, during, and after childbirth. Further, the Delaware General Assembly passed the Protect Medicaid Act in June 2024 to strengthen health insurance coverage for underserved families and people with disabilities. This legislation will secure over $175 million in federal funding to strengthen and expand health care coverage for vulnerable populations in Delaware without increasing tax burdens or cutting existing programs. This bill represents Delaware's largest ongoing Medicaid funding boost since the Affordable Care Act (Delaware Senate Democrats, 2024a). Related to social support for nutrition, in August 2024, Senate Substitute 1 for Senate Bill 254 was signed, establishing the Delaware Grocery Initiative and addressing food insecurity in urban and rural food deserts by supporting local food resources (State of Delaware News, 2024c). The Delaware Health Insurance Marketplace will offer 45 plans from four carriers for the 2025 plan year, allowing for stable and variable health insurance options, including those with Deferred Action for Childhood Arrivals (DACA) status (State of Delaware News, 2024e).

Basic Needs for Health and Safety: Increase access to health care services for physical and mental health (e.g., community health workers, telemedicine, school-based health centers, increase providers, etc.).

Delaware has made strides toward increasing access to health care services for physical and mental health. In January 2024, the Delaware Healthcare Association (DHA) announced its 2024 advocacy agenda. The agenda aims to address the shortage of health care workers by supporting current workers and developing future health care professionals. DHA will ensure access to care by supporting policies that expand services and enhance access outside hospital settings such as primary care offices or facilities, school-based health centers, and mobile care units. Related to health equity, DHA launched a new Health Equity Council in 2024 to address health care disparities and promote diversity, equity, and inclusion within the health care system (DHA, 2024). In 2024, Governor John Carney signed multiple significant bills into law to improve mental health. House Bill 200 establishes a mental health service unit in Delaware high schools to lower the student-to-counselor ratio and increase access to mental health services (Rothstein, 2024). House Substitute 1 for House Bill 5 expands Medicaid reimbursement for school-based behavioral health services, increasing support for vulnerable students (Rothstein, 2024). House Bill 3 allows students excused absences for mental or behavioral health reasons and mandates referral to a mental or behavioral health specialist when there are more than two absences (Rothstein, 2024). House Bill 160 (S) provides financial support for the National Suicide Prevention Hotline and establishes a board to create statewide crisis intervention services (Rothstein, 2024). Finally, the Delaware Mental Health Association's (MHA) 2023 annual report demonstrates significant progress related to mental health support in Delaware. The progress includes extensive training and presentations, wellness group facilitation, community collaborations, fundraising, and implementation of comprehensive services (MHA in Delaware, 2023).

GOALS, OBJECTIVES, AND STRATEGIES

Setting Goals, Objectives, and Strategies

The SHA/SHIP Partnership Coalition (Coalition) was organized to address the five prioritized health topics from the Vital Conditions for Health and Well-Being lens. The University of Delaware Epidemiology Program and Partnership for Healthy Communities (UD EPI/PHC) team and the Coalition met to set goals, objectives, and strategies. The goals, objectives, and strategies are designed to be specific for Delaware, ensuring they are doable for our partners at the community and state levels by 2028. The goals and objectives were created based on the urgent challenges and needs that emerged from the State Health Assessment (SHA). Priority populations for the objectives were selected based on the available data. If detailed data was lacking, those populations were not included. The selection of priority populations was based on their specific needs and the desired direction of the objective - whether an increase or decrease was intended. This consideration also took into account whether the objective involved percentages or rates, focusing on populations with the highest or lowest figures. The chosen priority populations reflect the greatest needs identified in the data as well as communities discussed in our Coalition. The efforts focused on approximately three to five groups to ensure objectives remained feasible.

Evidence-based strategies were identified through a literature review, including the University of Wisconsin's Population Health Institute, the United Health Foundation's America's Health Rankings (AHR), the Centers for Disease Control and Prevention (CDC), and other statewide resources. Additional strategies were identified and refined through Coalition meetings.

For the objectives, measurable targets were calculated based on the National Center for Health Statistics' Percent Improvement Tool (Hubbard et al., 2020), which was used to develop targets for Healthy People 2030. The tool created targets that were 10% or up to five percentage points improvement. Once calculated, the targets were compared to recent trends of the indicators to assess their validity. Finally, working with the Delaware Division of Public Health (DPH) deemed the measurable objectives feasible and realistic.

To the Future: Goals, Objectives, and Strategies

Mental Health

The mental health priority health outcome aims to advance mental health support by improving access to mental health treatment, and fostering education and awareness about mental health symptoms. The two mental health goals are:

- Increase access to mental health care and treatment.
- Improve mental health outcomes through accessible mental health services and education about mental health disorders.

Goal 1.1: Increase access to mental health care and treatment

Mental health includes an individual's social and mental well-being. Accessibility to providers that offer services is essential to health and whole-person care in public health. Many populations are impacted by the cost of services and being uninsured, which includes young adults, Hispanic adults, those with less than a high school education, and low-income adults (AHR, 2022e). Furthermore, around 1,000 behavioral health providers can provide mental health treatment in Delaware (Gibbs, 2022). The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Bureau of Health Workforce names an area, population, or facility experiencing a shortage of health care services as a Health Professional Shortage Area (HPSA). For mental health, Delaware has seven facility HPSA's and three population group HPSA's, including low income and Medicaid eligible populations (HRSA, 2025). The HPSA's were named in 2021 and 2024 (HRSA, 2025). This shortage of mental health providers in Delaware leaves providers overwhelmed, limits access to care, adds barriers to care and worsens health disparities. Mental health access and treatment have the potential to be addressed through strategies such as incentivizing health care professionals to stay or join the workforce, hiring multilingual mental health providers, and advocating for loan assistance for education. Increasing access to mental health care is crucial to well-being because of its connection with physical health, emotional well-being, social relationships, and lifestyle choices.

Table 3a. Objective 1.1.1 to Reduce Mental Health Provider-to-Population Ratio, Delaware, 2025-2028

Objective 1.1.1	Vital Condition	Priority	Baseline (Ratio)	Target (Ratio)
Reduce the mental health population-to-provider ratio from 310:1 in 2023 to 279:1 in 2028	Basic Needs for Health and Safety Meaningful Work and Wealth	Kent County	430:1	387:1
		New Castle County	250:1	225:1
		Sussex County	450:1	405:1

Source: University of Wisconsin Population Health Institute. (2024). County Health Rankings.
Note: Mental health providers have increased since 2021: 299.0 in 2021 and 316.6 in 2022 (AHR, 2023b). Other priority populations of note are rural areas, number of multilingual providers, uninsured populations, students/youth, providers serving LGBTQIA+ populations, and providers serving individuals with low socioeconomic status.

Table 3b. Objective 1.1.2 to Decrease Percentage of People Under 65 Without Health Insurance, Delaware, 2025-2028

Objective 1.1.2	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Decrease the percentage of people under 65 who do not have health insurance from 5.6% in 2022 to 3.5% in 2028	Basic Needs for Health and Safety	Ages 19 to 25	10.3	7.5
		Hispanic	18.8	15.1
		Multiracial	12.4	9.3
		Individuals with less than a high school degree	17.8	14.1

Source: America's Health Rankings. (2022e). Uninsured in Delaware.
Note: Uninsured percentages have trended downward over the past two years: 6.6% of people under 65 did not have health insurance in 2020 and 5.7% of people under 65 did not have health insurance in 2021. Other priority populations of note are individuals experiencing housing insecurity, immigrants, and non-English speaking populations.

Goal 1.2: Improve mental health outcomes through accessible mental health services and education about mental health disorders

The shortage of mental health providers in the state and the high percent of uninsured Delawareans pose challenges in seeking treatment and services (AHR, 2022e, 2023b). In 2021, 16.4% of Delaware adults had been told they had a depressive disorder which is only slightly below the United States average. Health disparities exist in young adults ages 18 to 25, multiracial adults, low-income communities (those with an annual household income less than $25,000), and LGBQ+ populations (AHR, 2022b). Telehealth, transportation, house calls, and integration of mental health services into primary care settings are featured strategies when addressing this problem.

Table 3c. Objective 1.2.1 to Decrease Percentage Of Adults With Depression, Delaware, 2025-2028

Objective 1.2.1	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Decrease the percentage of adults who reported ever being told by a health professional that they have a depressive disorder, including depression, major depression, minor depression, or dysthymia, from 19.9% in 2022 to 16.1% in 2028	Basic Needs for Health and Safety	Multiracial	34.7	30.0
		Individuals with difficulty with cognition	62.3	57.4
		LGBQ+	36.4	31.7
		Individuals making less than $25,000	28.4	24.0

Source: America's Health Rankings. (2022b). Depression in Delaware.
Note: Depression percentages have trended downward over the past two years: 18.8% of adults who reported a depressive disorder in 2019 and 15.6% of adults who reported a depressive disorder in 2021. Other priority populations of note are individuals experiencing housing insecurity and non-English speaking populations. America's Health Rankings for Depression in Delaware only provides data for LGBQ+ or straight populations. They do not appear to be presenting data for trans individuals.

Table 3d. Objective 1.2.2 to Reduce Suicide Rates, Delaware, 2025-2028

Objective 1.2.2	Vital Condition	Priority	Baseline (age-adjusted rate per 100,000)	Target (age-adjusted rate per 100,000)
Reduce the rate of suicide from 13.7 deaths per 100,000 population in 2021 to 12.3 in 2028	Basic Needs for Health and Safety Meaningful Work and Wealth	Male	23	20.7
		Ages 15 to 24	20.7	18.6
		Black	10.1	9.1

Source: America's Health Rankings. (2021c). Suicide in Delaware.

Note: Suicide rates have trended upward over the past two years: 11.4 deaths per 100,000 population in 2019 and 12.6 deaths per 100,000 population in 2021. Other priority populations of note are individuals experiencing housing insecurity and non-English speaking populations.

Table 3e. Objective 1.2.3 to Decrease Depression In Children, Delaware, 2025-2028

Objective 1.2.3	Vital Condition
Decrease the percentage of children ages 3 to 17 diagnosed with depression from 4.9% in 2022-2023 to 3.0% in 2028	Basic Needs for Health and Safety Lifelong Learning

Source: America's Health Rankings. (2021d). Mental Health Conditions (Diagnosed) - Children.

Note: Child depression percentages have increased over the past two data cycle averages: 3.7% of children ages 3 to 17 were diagnosed with depression in 2021-2022 and 3.1% of children ages 3 to 17 were diagnosed with depression in 2020-2021. Stratification of baseline data is not available. Other priority populations of note are LGBQ+ youth, children from low-income families, and girls.

Figure 9a. Featured Strategies for the Mental Health Goal, Delaware 2025-2028

Mental Health Featured Strategies

- Create and spread awareness of more creative outlets to aid individuals in expressing themselves.
- Advocate for affordable and stable housing for substance users and/ or those with severe mental illness.
- Conduct peer modeling in educational settings.
- Integrate or provide awareness of Clubhouse Models - a recovery-oriented program for adults living with mental health challenges.
- Provide awareness of 988 Suicide and Crisis Lifeline, Delaware Mobile Crisis Intervention Services, and Delaware 211.
- Increase access to mental health services through transportation and telehealth.
- Incentivize health care professionals in the workforce to either stay, or for new professionals to join.
- Provide international accreditation through uniform processes and working with global organizations.
- Expand broadband availability and adoption in rural and underserved areas.
- Engage community health workers to provide education, referral, follow-up, case management, home visiting, etc., for those who experience barriers in accessing health care.
- Increase support and/or mental health services for caregivers, teachers, coaches, social workers, therapists, and other professionals.
- Advocate for mental health providers to be able to make house calls.
- Integrate mental health into primary care settings and schools.
- Provide Division of Substance Abuse and Mental Health (DSAMH) mental health and first aid for teachers and other professionals to recognize when an individual is experiencing mental health challenges.
- Incentivize multilingual mental health providers.
- Expand incentives such as scholarships and loans with service requirements and loan repayment or forgiveness programs for health care providers who practice in rural or other underserved areas.
- Increase primary care capacity by expanding the roles of nurse practitioners and physician assistants to perform more responsibilities.
- Provide employees with confidential worksite-based counseling and referrals to address personal and workplace challenges.
- Increase awareness of the health insurance marketplace and Medicaid expansion.
- Provide housing or supportive group housing to housing insecure individuals wtih severe and/or persistent mental health issues.

Source: America's Health Rankings. (2021c). Suicide in Delaware; America's Health Rankings.(2022e). Uninsured in Delaware; America's Health Rankings. (2022b). Depression in Delaware; America's Health Rankings. (2021d). Depression - Children Delaware; Delaware State Health Improvement Plan, Delaware State Health Assessment/State Health Improvement Plan Coalition, 2025-2028; University of Wisconsin Population Health Institute. (2024). County Health Rankings.

Figure 10a. Assets for Mental Health Featured Strategies, Delaware, 2025-2028

Mental Health Assets	
Community Resources	**Stakeholders**
• Telehealth services • Project New Start • Community Well-Being Ambassador Initiative • School-Based Wellness Centers • 988 Contact Lifeline • In-patient behavioral health clinics	• Human Relations Commission • Community Legal Aid Society, Inc. • Delaware Department of Health and Social Services (DHSS) Division of Substance Abuse and Mental Health (DSAMH) • La Red Health Center • National Alliance on Mental Illness (NAMI) Delaware • Mental Health Association (MHA) of Delaware • Sussex County Health Coalition • Children and Families First Delaware • Faith-Based Communities • Delaware General Assembly

Chronic Disease

The chronic disease prevention priority health outcome aims to reduce chronic disease risk factors associated with cancer, hypertension, high cholesterol, and diabetes through comprehensive health care strategies and lifestyle interventions. The four chronic disease goals are:

- Reduce the risk of chronic disease among residents through population weight management, including physical activity and accessible nutritious food.
- Reduce the impact of tobacco and nicotine use.
- Improve the percentage of preventive screenings and routine health visits.
- Improve health outcomes through chronic disease management.

Goal 2.1: Reduce the population's risk of chronic disease through population weight management, including physical activity and accessible nutritious food.

Chronic diseases that are in Delaware include heart disease, cancers, diabetes, and obesity. For example, DE ranks 41st in the U.S. for highest percentages of adults with diabetes (AHR, 2022h). In 2023, 13.9% of adults in Delaware indicated they have diabetes (AHR, 2022h). Access to physical activity and nutritious food has shown that it could reduce the risk of chronic diseases. The ability to make healthy choices should be available to all Delawareans to promote the health of all. The Coalition will be working to accomplish the following objectives with some highlighted strategies, including connecting individuals and families with community centers to provide them with ways to be active and increase access to healthy food options through transportation and delivery services.

Table 4a. Objective 2.1.1 to Reduce Food Insecurity, Delaware, 2025-2028

Objective 2.1.1	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Reduce the percentage of food insecurity from 12% in 2022 to 8.9% in 2028	Basic Needs for Health and Safety Meaningful Work and Wealth Reliable Transportation Humane Housing Thriving in the Natural World	Ages 0 to 18	19.7	15.9
		Black	22	18.0
		Hispanic	25	20.8

Source: Food Bank of Delaware. (2024). Food insecurity on the rise in Delaware.
Note: Food insecurity percentages have increased over the past two years: 9.9% of households were food insecure in 2021 and 9.7% of households were food insecure in 2020. Other priority populations of note are rural populations, families, individuals experiencing housing insecurity, and/or individuals and families who have low socioeconomic status.

Table 4b. Objective 2.1.2 to Increase Percentage of Adults Meeting Physical Activity Guidelines, Delaware, 2025-2028

Objective 2.1.2	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Increase the percentage of adults who met the federal physical activity guidelines (150 minutes of moderate or 75 minutes of vigorous aerobic activity and two days of muscle strengthening per week) in the past 30 days, from 23.8% in 2019 to 28.2% in 2028	Basic Needs for Health and Safety Reliable Transportation Humane Housing Thriving in the Natural World	Individuals who graduated from college	28.5	33.1
		Ages 65+	24.9	29.3
		Male	26.7	31.2
		Black	19.8	23.9

Source: America's Health Rankings. (2019). Exercise in Delaware.
Note: Physical activity percentages have increased over the past two data cycles: 20.3% of adults met the federal physical activity guidelines in 2015 and 19% of adults met the federal physical activity guidelines in 2017. Other priority populations of note are individuals experiencing housing insecurity.

Table 4c. Objective 2.1.3 to Increase Daily Vegetable Intake in Youth, Delaware, 2025-2028

Objective 2.1.3	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Increase the percentage of daily vegetable intake in youth (ages 18 and under) from 15.8% in 2017 to 19.6% in 2028	Basic Needs for Health and Safety Lifelong Learning Reliable Transportation Thriving in the Natural World	High School Students	18.3	22.3
		Black	9.8	13.0
		Female	17.8	21.8
		Multiracial	15.9	19.7

Source: My Healthy Community. (n.d.-c). Youth Nutrition.
Note: Daily vegetable intake percentages have increased over the past two data cycles: 11.8% of daily vegetable intake in youth (ages 18 and under) in 2013 and 12.2% of daily vegetable intake in youth (ages 18 and under) in 2015. Other priority populations of note are individuals experiencing housing insecurity and rural populations.

Table 4d. Objective 2.1.4 to Reduce Adult Obesity, Delaware, 2025-2028

Objective 2.1.4	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Reduce the percentage of adult obesity from 37.9% in 2022 to 33.1% in 2028	Basic Needs for Health and Safety Reliable Transportation	Black	49.2	44.2
		Individuals with difficulty with mobility	61.4	56.5
		Individuals with independent living difficulty	59.9	55.0
		Individuals with less than a high school degree	48.9	43.9

Source: America's Health Rankings. (2022f). Obesity in Delaware.
Note: Obesity percentages have decreased over the past two years: 36.5% of adults were obese in 2020 and 33.9% of adults were obese in 2021. Other priority populations of note are individuals experiencing housing insecurity and those living in rural areas.

Table 4e. Objective 2.1.5 to Reduce Percentage of Overweight Children, Delaware, 2025-2028

Objective 2.1.5	Vital Condition
Reduce the percentage of children ages 10 to 17 who are overweight or obese from 36.2% in 2020-2021 to 31.5% in 2028	Basic Needs for Health and Safety Lifelong Learning Reliable Transportation

Source: America's Health Rankings. (n.d.-b). Overweight or Obesity - Youth in Delaware.
Note: Children's obesity percentages have increased over the past two data cycle averages: 30.6% of children ages 10 to 17 were overweight or obese in 2018-2019 and 38.1% of children ages 10 to 17 were overweight or obese in 2019-2020. Stratification of baseline data is not available. Other priority populations of note are boys, Black and Hispanic youth, and children living in households with incomes below 200% of the federal poverty level.

Figure 9b. Featured Strategies for the Chronic Condition Goal 2.1, Delaware, 2025-2028

Chronic Condition Prevention Featured Strategies	
• Advocate for more funding and create community gardens and/or green spaces. • Increase eligibility, awareness, and use of benefits such as the Supplemental Nutrition Assistance Program (SNAP), Child and Adult Care Food Program (CACFP), and Women, Infants, and Children (WIC), including increasing the maximum income for SNAP and EBT. • Increase education services and health literacy about healthy food/food options, including self-management cooking classes. • Expand voucher incentives and produce prescription programs to make healthy foods more available. • Promote food service and nutrition guidelines in worksites, food pantries, and faith-based organizations. • Partner with business and civic leaders to plan and carry out local, culturally tailored interventions to address poor nutrition, physical inactivity, and tobacco use. • Increase awareness and participation in the Lt. Governor's Challenge. • Strengthen nutrition programs such as school meals, summer meals, and after-school meals.	• Increase access to healthy food through transportation and delivery services (Doordash, Mobile Pantry Program, Food Bank of Delaware). • Increase community awareness of resources such as community gardens and event sharing platforms. • Improve nutrition, physical activity, and breastfeeding in early care and education programs. • Connect patients and families with community services to help them access healthy foods and ways to be active. • Train health care providers on how to counsel patients about nutrition, physical activity, and optimal sleep. • Increase awareness and engagement of the Let's Get Healthy Sussex Initiative. • Provide continued support for the Physical Activity, Nutrition, and Obesity Prevention Program. • Encourage healthy foods in corner stores. • Support and promote farmers markets, local farm stands, and/or markets. • Increase awareness and use of the Smart Food Program.

Source: America's Health Rankings. (n.d.-b). Overweight or Obesity - Youth in Delaware; Centers for Disease Control and Prevention. (2024c, May 28). Strategies for Early Care and Education. Early Care and Education; Centers for Disease Control and Prevention. (2024d, July 31). Strategies for Food Service and Nutrition Guidelines. Nutrition; Centers for Disease Control and Prevention. (2024e, October 11). Obesity Strategies: What Can Be Done. Obesity.; Delaware State Health Improvement Plan, Delaware State Health Assessment/State Health Improvement Plan Coalition, 2025-2028; State of Delaware News. (2024h, July 10). Delaware and r4 Technologies Launch Innovative Project to Address Food Insecurity and Food Waste; University of Wisconsin Population Health Institute. (2024). County Health Rankings.

Goal 2.2: Reduce the impact of tobacco and nicotine use.

Smoking is a risk factor for many chronic diseases, including heart disease and cancer. Smoking is one of the biggest predictors of premature death in the U.S. In Delaware, smoking percentages from 2019 to 2022 across all age groups were: 15.4% of individuals ages 18 to 44 were current smokers; 14.9% of individuals ages 45 to 64 were smokers; and 8.5% of individuals ages 65 and older were smokers (AHR, 2022d). Reducing the impact of tobacco and nicotine use will be addressed through strategies such as increasing awareness and utilization of tobacco cessation products, providing education about tobacco products through social media posts, and increasing the use of the Delaware Quitline through awareness.

Table 5a. Objective 2.2.1 to Reduce Percentage of Adult Smokers, Delaware, 2025-2028

Objective 2.2.1	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Reduce the percentage of adults who are current smokers (smoke daily, some days, or at least 100 cigarettes in their lifetime) from 12.9% in 2022 to 9.7% in 2028	Basic Needs for Health and Safety Humane Housing	Individuals with less than a high school degree	23.1	19.0
		Individuals who make less than $25,000	30	25.5
		LGBQ+	17.2	13.6
		Individuals with difficulty with cognition	25.9	21.6

Source: America's Health Rankings. (2022d). Smoking in Delaware.
Note: Current smoking percentages have declined over the past two years: 15.1% of adults were current smokers in 2020 and 13.4% of adults were current smokers in 2021. Other priority populations of note are American Indian/Alaska Native, those who live in rural areas, and men. America's Health Rankings only provides data for LGBQ+ or straight populations, not trans individuals.

Table 5b. Objective 2.2.2 to Decrease Percentage of Children Using Tobacco, Delaware, 2025-2028

Objective 2.2.2	Vital Condition
Decrease the percentage of children ages 12 to 17 who reported using a tobacco product in the past month from 4.0% in 2018-2019 to 2.3% in 2028	Basic Needs for Health and Safety Lifelong Learning Humane Housing

Source: America's Health Rankings. (n.d.-d). Tobacco Use - Youth in Delaware.
Note: Children's tobacco percentages have increased over the past two data cycle averages: 4.0% of children ages 12 to 17 used a tobacco product in 2016-2017 and 4.9% of children ages 12 to 17 used a tobacco product from 2017-2018. Stratification of baseline data is not available. Other priority populations of note are LGBQ+ populations, American Indian/Alaska Native communities, and students experiencing mental distress.

Table 5c. Objective 2.2.3 to Reduce Percentage of High School Students Using Electronic Vapor Products, Delaware, 2025-2028

Objective 2.2.3	Vital Condition
Reduce the percentage of high school students who reported using an electronic vapor product in the past 30 days from 17.9% in 2021 to 14.2% in 2028	Basic Needs for Health and Safety Lifelong Learning Humane Housing

Source: America's Health Rankings. (2021e). Electronic Vapor Produce Use- Youth in Delaware.
Note: Electronic vapor product percentages have declined over the past two years from 32.7% in 2019. Stratification of baseline data is not available. Other priority populations of note are LGBQ+ populations, female high school students, white high school students, and racial/ethnic diverse high school students, including Hawaiian/Pacific Islander, American Indian/Alaskan Native, Hispanic, and multiracial.

Figure 9c. Featured Strategies for the Chronic Condition Goal 2.2, Delaware, 2025-2028

Chronic Condition Prevention Featured Strategies	
• Increase the use and referrals for Delaware Quitline through awareness. • Deliver tobacco cessation advice and motivational messages via text or video message. • Study the effectiveness of prevention programs for smoking and vaping in K to 12 schools. • Training parents on prevention and reduction strategies for e-cigarette use.	• Provide education about tobacco products, including vapes and e-cigarettes, through social media posts. • Increase awareness and utilization of tobacco cessation products. • Advocate for an increased tobacco tax. • Collaborate with Delaware Tobacco Prevention Coalition on their Five-Year Plan for a Tobacco-Free Delaware.

Source: America's Health Rankings. (2021e). Electronic Vapor Product Use- Youth in Delaware; Delaware State Health Improvement Plan, Delaware State Health Assessment/State Health Improvement Plan Coalition, 2023-2028; Healthy Delaware. (n.d.). Tobacco.; IMPACT Delaware Tobacco Prevention Coalition. (2023, June). The Five-year Plan for a Tobacco-Free Delaware 2023-2027.; University of Wisconsin Population Health Institute. (2024). County Health Rankings.

Goal 2.3: Improve the percentage of preventive screenings and routine health visits.

One aspect of the foundation of public health is the prevention of adverse health outcomes. Preventing disease and other adverse health outcomes can promote the health of populations, potentially improving the quality of life and life expectancy of Delawareans. Cancer remains one of the leading causes of death in the U.S., which can be detected early through routine screenings and health visits. Routine health visits are for individuals in every age group, but there are disparities in Hispanic and low-income (those who make less than $25,000) populations in Delaware (AHR, 2022a). Improving communication between trusted community partners, community organizations, and advocacy groups, and navigating barriers to access are highlighted strategies for addressing health disparities on the following objectives.

Table 6a. Objective 2.3.1 to Increase Percentage of People Receiving Mammograms, Delaware, 2025-2028

Objective 2.3.1	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Increase the percentage of women ages 40 to 74 who reported receiving a mammogram in the past two years from 75% in 2022 to 79.2% in 2028	Basic Needs for Health and Safety Reliable Transportation	Hispanic	68.5	73.0
		Individuals with less than a high school degree	46.0	51.0
		LGBQ+	69.7	74.2
		Individuals who make less than $25,000	63.8	68.5

Source: America's Health Rankings. (2022g). Breast Cancer Screening in Delaware.
Note: There was no previous year's data available for mammograms. Other priority populations of note are rural populations, those who are uninsured, and those who are experiencing housing insecurity. America's Health Rankings for Breast Cancer Screening in Delaware only provides data for LGBQ+ or straight populations. They do not appear to be presenting data for trans individuals.

Table 6b. Objective 2.3.2 to Increase Percentage of Children Receiving Preventive Visits, Delaware, 2025-2028

Objective 2.3.2	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Increase the percentage of children ages 0 to 17 who received one or more preventive visits in the past 12 months from 81.2% in 2022-2023 to 84.9% in 2028	Basic Needs for Health and Safety Lifelong Learning Reliable Transportation	Ages 3 to 17	76.9	81.0

Source: America's Health Rankings. (n.d.-c). Well-Child Visit- Children in Delaware.
Note: Child well-visit percentages have increased over the past two data cycle averages: 78.4% of children ages 0 to 17 had one or more preventive visits from 2020-2021 and 80.4% of children ages 0 to 17 had one or more preventive visits from 2021-2022. Other priority populations of note are children who are uninsured, children with families who have low socioeconomic status, and racial/ethnically diverse populations.

Table 6c. Objective 2.3.3 to Increase Percentage of Adults Receiving Routine Visits, Delaware, 2025-2028

Objective 2.3.3	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Increase the percentage of adults who visited a doctor for a routine checkup within the past year from 81.8% in 2023 to 85.5% in 2028	Basic Needs for Health and Safety Reliable Transportation	Male	76.1	80.2
		Ages 25 to 34	64.3	69.0
		Hispanic	69.5	74.0
		Individuals with less than a high school degree	68.2	72.8

Source: Centers for Disease Control and Prevention (2023). BRFSS Prevalence & Trends Data. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health.
Note: Adult check-up rates have increased over the past years: 77.1% in 2021 and 78.8% out of 100% in 2022. Other priority populations of note are uninsured children, children with families who have low socioeconomic status, and racial/ethnically diverse populations.

Goal 2.4: Improve health outcomes through chronic disease management.

Individuals with chronic diseases need and use health care services at the highest frequency. Access to adequate and quality health care is important because it allows Delawareans in need of opportunities to find providers and services when managing chronic diseases. Delaware ranks lower among other states in high blood pressure (ranks 40th), high cholesterol (ranks 47th), and diabetes (ranks 41st), indicating a higher percentage of these health issues compared to other states (AHR, 2021b, 2021f, 2022h). Barriers to accessing health care can be due to proximity to health centers, the lack of a primary care provider, and more. Featured strategies to address these health outcomes include navigating access barriers, increasing primary care providers' capacity, and increasing telemedicine use.

Table 7a. Objective 2.4.1 to Reduce the Cancer Mortality Rate, Delaware, 2025-2028

Objective 2.4.1	Vital Condition	Priority	Baseline (age-adjusted rate per 100,000)	Target (age-adjusted rate per 100,000)
Reduce the rate of cancer mortality from 164.8 per 100,000 population from 2016-2018 to 148.3 per 100,000 in 2028	Basic Needs for Health and Safety Meaningful Work and Wealth Reliable Transportation Humane Housing	Black	176.5	158.9
		Male	195.8	176.2
		Ages 85+	1764	1587.6
		Ages 75 to 84	1151.3	1036.2

Source: My Healthy Community. (n.d.-d). Cancer.
Note: Cancer mortality rates have fluctuated over the past two years: 169.8 per 100,00 population in 2016 and 171 per 100,000 population in 2017. Other priority populations of note are rural populations, and uninsured individuals.

Table 7b. Objective 2.4.2 to Reduce Percentage of Adults Reporting High Blood Pressure, Delaware, 2025-2028

Objective 2.4.2	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Reduce the percentage of adults who reported being told by a health professional that they have high blood pressure from 36.2% in 2021 to 31.5% in 2028	Basic Needs for Health and Safety Meaningful Work and Wealth Reliable Transportation Humane Housing	Black	42.7	37.8
		Individuals who graduated from high school and/or a GED	43.7	38.8
		Ages 65+	62.4	57.5
		Individuals who make less than $25,000	49.0	44.0

Source: America's Health Rankings. (2021f). High Blood Pressure in Delaware.
Note: High blood pressure percentages have increased over the past two years: 34.9% of adults reported high blood pressure in 2017 and 36.4% of adults reported high blood pressure in 2019. Other priority populations of note are males and those living in rural areas.

Table 7c. Objective 2.4.3 to Reduce Percentage of Adults Reporting Diabetes, Delaware, 2025-2028

Objective 2.4.3	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Reduce the percentage of adults who reported ever being told by a health professional that they have diabetes from 13.9% in 2022 to 10.6% in 2028	Basic Needs for Health and Safety Meaningful Work and Wealth Reliable Transportation Humane Housing	Black	19.7	15.9
		Ages 65+	23.8	19.7
		Veterans	20.2	16.3
		Individuals with difficulty with mobility	33.6	29.0
		Individuals who make less than $25,000	24.6	20.4

Source: America's Health Rankings. (2022i). Diabetes in Delaware.
Note: Diabetes percentages have increased over the past two years: 12.4% of adults reported diabetes in 2020 and 12% of adults reported diabetes in 2021. Other priority populations of note are those living in rural areas.

Table 7d. Objective 2.4.4 to Decrease Percentage of Adults Reporting High Cholesterol, Delaware, 2025-2028

Objective 2.4.4	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Decrease the percentage of adults who reported having their cholesterol checked and being told by a health professional that it was high from 37.7% in 2021 to 32.9% in 2028	Basic Needs for Health and Safety Meaningful Work and Wealth Reliable Transportation Humane Housing	White	40.8	35.9
		Individuals with less than a high school degree	41.4	36.5
		Ages 65+	53.8	48.8
		Individuals who make less than $25,000	47.8	42.8

Source: America's Health Rankings. (2021b). High Cholesterol in Delaware.
Note: High cholesterol percentages have increased over the past two data cycles: 34.6% of adults reported high cholesterol in 2017 and 35.4% of adults reported high cholesterol in 2019. Other priority populations of note are those living in rural areas.

Figure 9d. Featured Strategies for the Chronic Condition Goals 3 and 4, Delaware, 2025-2028

Chronic Condition Prevention Featured Strategies for Goals 3 and 4	
• Create and support additional programming about health literacy. • Increase primary care capacity by expanding the roles of nurse practitioners, physician assistants, and community health workers to perform more responsibilities. • Facilitate unconventional places for cancer and other preventive screenings, such as the Department of Motor Vehicles, etc. • Implement text-message based interventions to send clients reminders and information about cancer and other preventive screenings. • Advocate for patient navigators and community health workers to help individuals navigate barriers to access, including client reminders, appointment scheduling, and financial support. • Partner with or support Head Start in connecting families with health providers and/or educating families about importance of childhood screenings. • Increase awareness of the Medical Society of Delaware's Voluntary Initiative Program (VIP). VIP is a network of providers throughout the state that serve the uninsured and those enrolled in the Health Care Connection and Screening for Life programs.	• Create an easily accessible list of affordable and accessible clinics and/or specialties. • Increase the use of telemedicine. • Increase the number of Delawareans enrolled in a diabetes self-management program. • Target individuals with prediabetes or borderline hypertension. • Connect more individuals to Screening for Life, a program that assists with paying for cancer screenings for those who are uninsured or under-insured. • Provide financial incentives to marginalized groups to encourage preventive care. • Encourage health care providers to discuss preventive screenings and chronic disease management with their patients one-on-one. • Improve communication and collaboration between community organizations, advocacy groups, and trusted community partners to alleviate racial disparities.

Source: America's Health Rankings. (n.d.-c). Well-Child Visit - Children in Delaware; The Community Preventive Services Task Force. (2023, April). CPSTF Findings on Cancer Screening; Delaware State Health Improvement Plan, Delaware State Health Assessment/State Health Improvement Plan Coalition, 2023-2028; Healthy Delaware. (n.d.). Tobacco.; IMPACT Delaware Tobacco Prevention Coalition. (2023, June). The Five-year Plan for a Tobacco-Free Delaware 2023-2027.; University of Wisconsin Population Health Institute. (2024). County Health Rankings.

Figure 10b. Assets for Chronic Disease Featured Strategies, Delaware, 2025-2028

Chronic Disease Prevention Assets	
Community Resources	**Stakeholders**
• Community centers and embedded senior centers • Delaware State Parks • Wilmington Parks and Recreation • Delaware grasslands and wetlands • Telehealth services • Screening for Life (DHSS) • Health Care Connection (DHSS) • Delaware Cooperative Extension - Walk and Roll Program • Delaware Food Farmacy Program	• Delaware Department of Natural Resources and Environmental Control (DNREC) • Delaware Cancer Consortium • Inspira Health • American Association of Retired Persons • America Walks

Maternal and Infant Health

This priority health outcome aims to enhance maternal and infant health outcomes throughout the prenatal to postnatal continuum, addressing key areas such as education and awareness, provider engagement, and timely access to care. The three maternal and infant health goals are:

- Reduce adverse maternal health outcomes.
- Reduce adverse infant health outcomes.
- Improve maternal health access throughout the pregnancy lifespan.

Goal 3.1: Reduce adverse maternal health outcomes.

During pregnancy, the health and wellness of an individual is critical when it comes to reducing adverse maternal health outcomes. Prenatal care is vital because it can reduce pregnancy complications (National Committee for Quality Assurance [NCQA], n.d.). After pregnancy, an individual is expected to take care of their health and well-being as well as a child (Carlson et al., 2024). Not having access to postpartum care can be dangerous due to physical and mental health risks one can encounter (NCQA, n.d.).

Delayed follow-up, lack of support services and awareness, and limited access to services are barriers that an individual can experience when trying to receive postpartum care (NCQA, n.d.). Providing support in terms of health services and social support are featured strategies. Furthermore, in Delaware, racial health disparities surrounding adverse maternal health outcomes need to be addressed (AHR, 2020-2022). Provider education about racism, cultural competence, and provider representation in health care needs to be valued when working to reduce health disparities (Njoku et al., 2023).

Table 8a. Objective 3.1.1 to Decrease Number of Maternal Deaths Aggravated By Pregnancy, Delaware, 2025-2028

Objective 3.1.1	Vital Condition
Decrease the number of maternal deaths related to or aggravated by pregnancy occurring within 42 days of the end of pregnancy per 100,000 live births from 18.9 in 2017-2021 to 17.0 in 2028	Basic Needs for Health and Safety Reliable Transportation

Source: America's Health Rankings. (n.d.-h). Maternal Mortality in Delaware.
Note: Maternal death rates have increased over the past two data cycle averages: 17.8 maternal deaths per 100,000 live births from 2015-2019 and 19.3 maternal deaths per 100,000 live births from 2016-2020. Stratification of baseline data is not available. Other priority populations of note are diverse racial/ethnic communities, individuals experiencing housing insecurity, justice-involved individuals (anyone who is currently or has ever been arrested or incarcerated [CDC, 2024]), and LGBQ+ communities.

Goal 3.2: Reduce adverse infant health outcomes.

Infant health is crucial not only at birth but also for promoting lifelong well-being. There are short-term health problems that include heart problems, bleeding in the brain, and breathing problems that can lead to long-term adverse health outcomes later in life, ultimately leading to premature death (AHR, n.d.-e). There are racial disparities in infant health in Delaware, as Black infants have the highest mortality rate among all races (National Center for Health Statistics, 2022).

In 2018-2022, Delaware's five-year average infant mortality rates were as follows: 3.4 infant deaths per 1,000 live births for non-Hispanic white infants, and 11.3 infant deaths per 1,000 live births for non-Hispanic Black infants (National Center for Health Statistics, 2022). Reducing racial disparities surrounding these adverse health outcomes will be a priority within this goal.

Table 8b. Objective 3.2.1 to Reduce Number of Infant Deaths per 1,000 Live Births, Delaware, 2025-2028

Objective 3.2.1	Vital Condition	Priority	Baseline (rate per 1,000 live births)	Target (rate per 1,000 live births)
Reduce the number of infant deaths per 1,000 live births from 6.2 in 2021-2021 to 5.6 in 2028	Basic Needs for Health and Safety Reliable Transportation Humane Housing Lifelong Learning	Mothers ages 20 to 24	7.4	6.7
		Black	10.5	9.5

Source: America's Health Rankings. (n.d.-e). Infant Mortality in Delaware.
Note: Infant mortality rates have decreased over the past two data cycle averages: 5.8 infant deaths per 1,000 live births from 2019-2020 and 4.9 infant deaths per 1,000 live births from 2020-2021. Other priority populations of note are individuals experiencing housing insecurity, individuals living in rural areas, justice-involved individuals, and LGBQ+ communities.

Table 8c. Objective 3.2.2 to Reduce Percentage of Preterm Births, Delaware, 2025-2028

Objective 3.2.2	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Reduce the percentage of preterm births from 10.8% in 2022 to 7.9% in 2028	Basic Needs for Health and Safety Reliable Transportation	Black	13.6	10.4
		Pregnant people with hypertension	17.7	14.1
		Pregnant people with diabetes	30.5	26.0
		Pregnant people who smoke	16.4	12.9

Source: March of Dimes. (2024). 2024 March Of Dimes Report Card For Delaware.
Note: Preterm birth rates have increased over the past two years: 10.4% in 2020 and 11.0% out of 100% in 2021. Other priority populations of note are individuals experiencing housing insecurity, individuals living in rural areas, justice-involved individuals, and LGBTQIA+ communities.

Table 8d. Objective 3.2.3 to Decrease Percentage of Infants With Low Birth Weight, Delaware, 2025-2028

Objective 3.2.3	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Decrease the percentage of infants with low birth weight (weighing less than 5 pounds, 8 ounces at birth) from 9.0% in 2022 to 6.3% in 2028	Basic Needs for Health and Safety Reliable Transportation	Mothers ages 15 to 19	11.1	8.2
		Black	13.7	10.4
		Mothers with a high school degree	11.2	8.2

Source: America's Health Rankings. (2022i). Low Birth Weight in Delaware.
Note: Low birth weight percentages have increased over the past two years: 8.9% of infants had low birth weight in 2020 and 9.1% of infants had low birth weight in 2021. Other priority populations of note are individuals experiencing housing insecurity, individuals living in rural areas, justice-involved individuals, and LGBQ+ communities.

Goal 3.3: Improve maternal health access throughout the pregnancy lifespan.

Access to care throughout the pregnancy lifespan is vital in allowing providers to assess, identify, and treat chronic conditions while also addressing behavioral health factors (AHR, 2020-2022). Improving health access promotes the health of both the individual and the infant by assisting them in creating a plan for pregnancy, which in turn can also reduce adverse health outcomes (AHR, 2020-2022). Cultural competence among providers is a key aspect in reducing health disparities and fostering trust between providers and patients (AHR, 2020-2022). Furthermore, increasing access to providers, the number of doulas, and insurance access are featured strategies in planning to address this goal.

Table 9a. Objective 3.3.1 to Increase Percentage of Live Births That Received Prenatal Care, Delaware, 2025-2028

Objective 3.3.1	Vital Condition
Increase the percentage of live births in which the pregnant person received prenatal care from 76.8% in 2022 to 80.9% in 2028	Basic Needs for Health and Safety Reliable Transportation

Source: America's Health Rankings. (2022j). Adequate Prenatal Care in Delaware.
Note: Prenatal care percentages have remained the same over the past two years: 78.0% of mothers received prenatal care in 2020 and 78.0% of mothers received prenatal care in 2021. Stratification of baseline data is not available. Other priority populations of note are young adults, diverse racial/ethnic communities, uninsured individuals, individuals experiencing housing insecurity, individuals living in rural areas, justice-involved individuals, and LGBQ+ communities.

Table 9b. Objective 3.2.2 to Increase Percentage of Postpartum Checkups With Live Births, Delaware, 2025-2028

Objective 3.3.2	Vital Condition
Increase the percentage of women with a recent live birth who reported receiving a postpartum checkup from 87.7% in 2021 to 90.8% in 2028	Basic Needs for Health and Safety Reliable Transportation

Source: America's Health Rankings. (2022k). Postpartum Visit in Delaware.
Note: Postpartum care percentages have decreased over the past two years: 90.2% of women with a recent live birth received a postpartum checkup in 2019 and 88.0% of women with a recent live birth received a postpartum checkup in 2020. Stratification of baseline data is not available. Other priority populations of note are young adults, diverse racial/ethnic communities, uninsured individuals, individuals experiencing housing insecurity, individuals living in rural areas, justice-involved individuals, and LGBQ+ communities.

Figure 9e. Featured Strategies for Maternal and Infant Health, Delaware, 2025-2028

Maternal and Infant Health Featured Strategies	
• Create support groups for breastfeeding parents. • Create specific creative outlets to support the mental health of parents. • Hire multilingual providers. • Expand criteria for support services to increase the number of families they serve. • Facilitate access to at-home health care services such as Universal Home Visiting Services. • Increase access and training of doulas in Delaware. • Increase lactation education and support services. • Provide blood pressure monitoring devices during pregnancy. • Increase awareness and education on postpartum health needs to new parents, health care workers, and providers. • Advocate for paid breast/chest-feeding breaks at work. • Encourage employers and workplaces to offer alternate and flexible work policies, such as remote working. • Provide financial assistance to working parents or parents attending school to pay for childcare. • Increase participation in health facilities for newborn screening programs. • Advocate and encourage employees to provide childcare options at work, including childcare subsidies. • Increase the use of newborn screenings to detect conditions post-birth.	• Increase free lectures/seminars/ trainings about parent role modeling and education. • Advocate for increased paid maternity and paternity leave time. • Give education and awareness surrounding 24-Hour Child Abuse and Neglect Hotline. • Increase the cultural awareness and competence of providers with cultural competency training, linguistically appropriate care, and representation throughout the health care workforce. • Increase access to prenatal and postpartum services through telemedicine, Medicaid client acceptance, insurance coverage, and co-locating postpartum and pediatric care. • Advocate for extending hours of operation at care facilities. • Increase awareness and education about maternal risk factors such as stress, sleep, smoking, alcohol consumption, nutrition, and weight management. • Improve sleep practices among infants and newborns. • Address barriers related to transportation and child care by offering assistance, home visits, or alternate locations for appointments and flexible scheduling. • Advocate for providers to discuss and schedule postpartum visits during prenatal care appointments.

Source: America's Health Rankings. (2022j). Adequate Prenatal Care in Delaware; America's Health Rankings. (2022k). Postpartum Visit in Delaware; Delaware Coalition Against Domestic Violence. (2022, April). Economic Justice as a Framework for Violence Prevention; Delaware State Health Improvement Plan, Delaware State Health Assessment/ State Health Improvement Plan Coalition, 2023-2028.

Figure 10c. Assets for Maternal and Infant Health Featured Strategies, Delaware, 2025-2028

Maternal and Infant Health Assets	
Community Resources	**Stakeholders**
• OB/GYN providers • Parental Information Center of Delaware	• Delaware Coalition Against Domestic Violence • Office of Women's Advocacy and Advancement • Black Mothers in Power • Ubuntu Black Family Wellness Collective • Delaware Healthy Mother and Infant Consortium • Do Care Doula Foundation

Avoidable Injury

The avoidable injury priority health outcome aims to enhance community safety by revitalizing neighborhood conditions, improving transportation options, and promoting awareness of safety initiatives and resources. The four avoidable injury goals are:

- Enhance the availability and access to various means of transportation, including walking, cycling, and public transportation.
- Increase vaccine protection against COVID-19 and flu.
- Reduce injury and deaths associated with driving motor vehicles.
- Improve health outcomes related to violence, falls, and other avoidable injuries.

Goal 4.1: Enhance the availability and access to various means of transportation, including walking, cycling, and public transportation.

Transportation barriers impact people's ability to travel to and from work, school, and medical appointments, leading to financial burdens on populations. In 2022, approximately 16% of people in Delaware were at risk of health issues due to the transportation challenges where they live (AHR, 2022n). The transportation issues include exposure to diesel particulate matter that can cause respiratory illness, traffic proximity and volume, and cost and time spent on transportation (AHR, 2022n). Furthermore, active transportation, including walking and cycling, improves health outcomes due to increased physical activity levels. Only 2.3% of people in Delaware walk to work (U.S. Census Bureau, 2023). To enhance community safety, the target population should be those who do not walk, cycle, or use public transportation to get to work. Some strategies that have been identified to address this include working with DART to make their transportation system more reliable, enhancing walkable/bikeable paths, especially near bus stops, and offering free or discounted bus passes.

Table 10a. Objective 4.1.1 to Increase Use Of Public Transportation To Work, Delaware, 2025-2028

Objective 4.1.1	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Increase use of public transportation to work from 2.3% in 2023 to 4.0% in 2028	Reliable Transportation Humane Housing Meaningful Work and Wealth Thriving in the Natural World	No vehicle available	3.3	5.3
		Kent County	1.6	3.1
		New Castle County	3.3	5.3
		Sussex County	0.3	1.1

Source: U.S. Census Bureau, U.S. Department of Commerce. (2023). Commuting Characteristics by Sex. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0801.
Note: Public transportation percentages have decreased over the past two years: 1.6% of Delawareans used public transportation to get to work in 2021 and 1.4% of Delawareans used public transportation to get to work in 2022. Other priority populations of note are students, older adults, individuals with disabilities, and individuals living in rural communities.

Table 10b. Objective 4.1.2 to Increase Percentage Of People Walking To Work, Delaware, 2025-2028

Objective 4.1.2	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Increase the percentage of people walking to work from 2.1% in 2023 to 3.8% in 2028	Basic Needs for Health and Safety Reliable Transportation Humane Housing Meaningful Work and Wealth Thriving in the Natural World	Kent County	2.1	3.8
		New Castle County	2.3	4.0
		Sussex County	1.5	3.0

Source: U.S. Census Bureau, U.S. Department of Commerce. (2023). Commuting Characteristics by Sex. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0801.
Note: Walking percentages have increased over the past two years: 1.3% of Delawareans walked to work in 2021 and 2.1% of Delawareans walked to work in 2022. Other priority populations of note are students, older adults, individuals with disabilities, and individuals living in rural communities.

Table 10c. Objective 4.1.2 to Increase Percentage of People Bicycling To Work, Delaware, 2025-2028

Objective 4.1.3	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Increase the percentage of people bicycling to work from 0.2% in 2023 to 0.9% in 2028	Basic Needs for Health and Safety Reliable Transportation Humane Housing Meaningful Work and Wealth Thriving in the Natural World	Kent County	0.3	1.1
		New Castle County	0.1	0.7
		Sussex County	0.6	1.6

Source: U.S. Census Bureau, U.S. Department of Commerce. (2023). Commuting Characteristics by Sex. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0801.
Note: Cycling percentages have stayed the same over the past two years: 0.4% of Delawareans bicycled to work in 2021 and 0.4% of Delawareans bicycled to work in 2022. Other priority populations of note are students, older adults, individuals with disabilities, and individuals living in rural communities.

Figure 9f. Featured Strategies for Avoidable Injury Goal 4.1, Delaware, 2025-2028

Avoidable Injury Featured Strategies	
• Increase the use of public transportation through collaboration initiatives with DART, such as Uber Health. • Collaborate with DART to make public transit more reliable through service availability (adding more stops, consistent scheduling, and evening and weekend service). • Enhance the structure of walkable sidewalks/bike paths (well-lit street lights, clean and well-paved sidewalks, shelter near bus stops). • Improve connectivity of non-automotive paths and trails. • Promote walking and biking to school through education, incentives, and environmental changes through Safe Routes to Schools. • Provide free safety equipment for children, including knee pads and helmets.	• Increase incentives for carpooling and rideshare programs such as Uber, Lyft, Rails to Trails. • Increase medical transportation services such as Modivcare. • Advocate for the creation of commuter lines, including light rail. • Offer incentives such as free or discounted bus, rail, or transit passes, reimbursements, partial payments, or pre-tax payroll deductions. • Facilitate physical infrastructure (i.e., bike parking) and educational or social support that supports active commuting, including walking, running, and cycling groups. • Increase awareness of Delaware Commute Solutions. • Add covered bus stops to protect people from the weather and to offer benches for comfort and convenience.

Source: Delaware Transit Corporation. (2024). DART Reimagined | Reshaping Transit Services to Meet the Needs of Today and Beyond (p. 31); Delaware State Health Improvement Plan, Delaware State Health Assessment/State Health Improvement Plan Coalition, 2023-2028; University of Wisconsin Population Health Institute. (2024). County Health Rankings.

Goal 4.2: Increase vaccine protection against COVID-19 and influenza.

Vaccines for both COVID-19 and influenza are the best preventive measures against these viruses. COVID-19 and influenza can potentially cause serious health complications, which can be avoided entirely, or the severity of symptoms can be reduced through vaccines. Some barriers to receiving vaccinations in Delaware include language proficiency, health literacy, awareness, and access. The Coalition will be working to address these barriers and accomplish the following objectives for this goal.

Table 11a. Objective 4.2.1 to Increase Percentage Of Population With Updated COVID-19 Vaccine Booster, Delaware, 2025-2028

Objective 4.2.1	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Increase the percentage of eligible population vaccinated with an updated COVID-19 booster dose from 16.4% in 2022-2023 to 20.3% in 2028.	Basic Needs for Health and Safety Reliable Transportation Lifelong Learning Meaningful Work and Wealth	Ages 18 to 34	5.2	7.6
		Black	12	15.4
		Male	45.1	50.1

Source: My Healthy Community. (n.d.-f). COVID-19.
Note: Other priority populations of note are individuals living in rural communities, and individuals who are uninsured.

Table 11b. Objective 4.2.2 to Increase Percentage Of Population With Updated Influenza Vaccine, Delaware, 2025-2028

Objective 4.2.2	Vital Condition
Increase the percentage of eligible population vaccinated with an updated influenza vaccine from 34.6% from 2022-2023 to 39.4% in 2028	Basic Needs for Health and Safety Reliable Transportation Lifelong Learning Meaningful Work and Wealth

Source: My Healthy Community. (n.d.-e). Influenza.
Note: Stratification of baseline data is not available. Other priority populations of note are students, older adults, individuals living in rural communities, and diverse racial/ethnic communities.

Figure 9g. Featured Strategies for Avoidable Injury Goal 4.2, Delaware, 2025-2028

Avoidable Injury Featured Strategies	
• Tailor health care to patients' norms, beliefs, values, and language and literacy skills. • Position registered nurses within a parish or similar faith community or in a health care system to serve as a liaison to congregations. • Encourage health care providers to discuss vaccinations with their parents. • Provide client reminders for patients who have previously received vaccinations.	• Increase vaccine roll-out outside clinics and doctor's offices, including places of work, schools, grocery stores, etc. • Provide awareness and increase patients' knowledge about vaccines. • Increase support for school-based health centers. • Provide free or reduced-cost vaccinations.

Source: Delaware State Health Improvement Plan, Delaware State Health Assessment/State Health Improvement Plan Coalition, 2023-2028; University of Wisconsin Population Health Institute. (2024). County Health Rankings.

Goal 4.3: Reduce injuries and deaths associated with driving motor vehicles.

Reducing injuries and deaths associated with driving motor vehicles is important for communities' well-being and to protect vulnerable populations. Vulnerable populations are drivers who are younger, older, or have a lower socioeconomic status. This is because national data has shown these groups have higher car injuries and deaths (Harper et al., 2015; Metzger et al., 2021). The ramifications of these injuries and fatalities decrease the quality of life and increase medical and structural costs. The widespread use of public transportation is a proposed strategy available to many populations but will need to be more accessible and reliable to be an effective solution. The Coalition will be working to accomplish the objectives with a focus on incentivizing Delaware's Defensive Driving Course and drunk driving educational campaigns.

Table 12a. Objective 4.3.1 to Decrease Percentage Of Motor Vehicle Crash Deaths Involving Alcohol, Delaware, 2025-2028

Objective 4.3.1	Vital Condition
Decrease the percentage of motor vehicle crash deaths involving alcohol from 21% in 2021 to 17.1% in 2028	Basic Needs for Health and Safety Reliable Transportation

Source: University of Wisconsin Population Health Institute. (2024). County Health Rankings.
Note: Alcohol-impaired driving death percentages increased over the past two years: 21% of motor vehicle crashes involved alcohol in 2019 and 23% of motor vehicle crashes involved alcohol in 2020. Stratification of baseline data is not available. Other priority populations of note are high school and college students (young adults).

Table 12b. Objective 4.3.2 to Reduce Number Of Motor Vehicle Crash Deaths, Delaware, 2025-2028

Objective 4.3.2	Vital Condition
Reduce the rate of motor vehicle crash deaths per 100,000 population from 13 in 2015-2021 to 11.7 in 2028	Basic Needs for Health and Safety Reliable Transportation

Source: University of Wisconsin Population Health Institute. (2024). County Health Rankings.
Note: There was no previous year's data available for motor vehicle crash deaths. Stratification of baseline data is not available. Other priority populations of note are high school and college students.

Figure 9h. Featured Strategies for Avoidable Injury Goal 4.3, Delaware, 2025-2028

Avoidable Injury Featured Strategies	
• Provide incentives to take the Delaware Defensive Driving course. • Provide parents with free car seats, along with education about proper installation and use. • Analyze and identify zones that have high levels of traffic accidents.	• Provide binge drinking and drunk driving education to young adults in colleges. • Encourage using designated drivers via population-based mass media campaigns and incentive programs based on drinking establishments.

Source: Delaware State Health Improvement Plan, Delaware State Health Assessment/State Health Improvement Plan Coalition, 2023-2028; University of Wisconsin Population Health Institute. (2024). County Health Rankings.

Goal 4.4: Improve health outcomes related to violence, falls, and other avoidable injuries.

A person's interactions and relationships with family, friends, community, and institutions are essential to fostering well-being, creating a strong foundation, and promoting positive health outcomes. The nature of interactions, relationship dynamics, the cycle of violence, and unresolved mental health disorders among and between community members are all interconnected and play a role in health outcomes related to avoidable injuries. Homicide rates in Delaware are among some of the highest in the nation at 9.5 deaths per 100,000 population (AHR, n.d.-a). A sense of security is vital to the well-being of people and the population. Additionally, older adults, ages 65 and older, are susceptible to falls. More than 1 out of 4 older adults fall every year (AHR, 2020). Falls should specifically be addressed in Delaware as adults ages 65 and older account for almost 21% of the total population (AHR, 2020). To promote individual and community well-being, the Coalition will be working to accomplish the objectives related to this goal.

Table 13a. Objective 4.4.1 to Decrease Percentage Of Older Adults Reporting Falling, Delaware, 2025-2028

Objective 4.4.1	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Decrease the percentage of adults ages 65 and older who reported falling in the past 12 months from 25.6% in 2020 to 17.1% in 2028.	Basic Needs for Health and Safety Humane Housing	White	26.8	22.5
		Female	28.1	23.7

Source: America's Health Rankings. (2020). Falls - Age 65+ in Delaware.
Note: Falling percentages have increased over the past two data cycles: 25.5% of adults ages 65 and older reported falling in 2016 and 26.1% of adults ages 65 and older reported falling in 2018. Other priority populations of note are individuals with disabilities.

Table 13b. Objective 4.4.2 to Reduce The Number Of Deaths Due To Homicide, Delaware, 2025-2028

Objective 4.4.2	Vital Condition	Priority	Baseline (count)	Target (count)
Reduce the rate of homicide deaths per 100,000 population from 9.5 in 2020-2021 to 8.6 in 2028	Basic Needs for Health and Safety Humane Housing	Male	15.5	14.0
		Ages 15 to 24	27.6	24.8
		Black	32.5	29.3

Source: America's Health Rankings. (n.d.-a). Homicide in Delaware.
Note: Homicide rates have increased over the past two data cycle averages: 5.7 homicide deaths per 100,000 population from 2018-2019 and 7.1 homicide deaths per 100,000 population from 2020-2021. Other priority populations of note are individuals with low socioeconomic status.

Table 13c. Objective 4.4.3 to Decrease Number Of Firearm-Related Deaths, Delaware, 2025-2028

Objective 4.4.3	Vital Condition	Priority	Baseline (count)	Target (count)
Decrease the rate of firearm-related deaths per 100,000 population from 16.2 in 2021 to 14.6 in 2028	Basic Needs for Health and Safety Humane Housing	Male	27.9	25.1
		Ages 15 to 24	34.0	30.6
		Black	33.5	30.2

Source: America's Health Rankings. (2021g). Firearm Deaths in Delaware.
Note: Firearm death rates have increased over the past two years: 9.7 firearm-related deaths per 100,00 population in 2019 and 14.2 firearm-related deaths per 100,000 population in 2020.

Table 13d. Objective 4.4.4 to Decrease Number Of Domestic Violence Incidents, Delaware, 2025-2028

Objective 4.4.4	Vital Condition
Decrease the number of domestic violence incidents from 22,232 in 2023 to 20,008 in 2028	Basic Needs for Health and Safety Humane Housing

Source: Domestic Violence Coordinating Council (2023). Domestic Violence Coordinating Council Annual Report.
Note: The number of domestic violence incidents have decreased over the past two years: 22,745 in 2021 and 21,955 in 2022. Stratification of baseline data is not available.

Figure 9i. Featured Strategies for Avoidable Injury Goal 4.4, Delaware, 2025-2028

Avoidable Injury Featured Strategies	
• Improve community partnerships with emergency and crisis resources. • Advocate for gun control and gun safety through laws and policies. • Provide gun safety training and gun locks. • Increase awareness and use of the National Council of Aging's Falls Free CheckUp tool. • Prioritize funding for Homicide Review Commissions and Community Violence Interventions. • Increase awareness and funding for after-school programs (Head Start, Boys and Girls Club). • Increase awareness of Coaching Boys into Men, an evidence-based violence prevention program, and Safe+Respectful, an educational toolkit on teen dating violence. • Advocate for implementation for Project PIN, a domestic violence prevention program for middle and high school students, throughout schools and communities. • Increase awareness and use of Delaware Employee Assistance Programs (EAPs) and financial empowerment and financial literacy programs ($tand by Me ® program and the AllState Foundation program).	• Advocate for free home safety equipment for older adults. • Enforce health care providers to evaluate older adults' risk for falls, including the CDC's Stopping Elderly Accidents, Deaths, and Injuries (STEADI program). • Screen older adults for their risk of hazards in their homes. • Enforce background checks for purchasing firearms. • Increase safe route programs - safe routes to schools and parks. • Train staff/volunteers who are competent and have enough training, support, and supervision to work with domestic violence survivors. • Increase the awareness and use of the State of Delaware - Domestic Violence Hotline and National Domestic Violence Hotline. • Raise awareness and understanding of sexual and domestic violence. • Enhance and enforce anti-discrimination policies in the workplace. • Advocate for policies to explore pay transparency.

Source. Delaware Coalition Against Domestic Violence. (n.d.). Overview: Programs; Delaware Coalition Against Domestic Violence. (2022, April). Economic Justice as a Framework for Violence Prevention.; Delaware State Health Improvement Plan, Delaware State Health Assessment/State Health Improvement Plan Coalition, 2023-2028.

Figure 10d. Assets for Avoidable Injury Featured Strategies, Delaware, 2025-2028

Avoidable Injury Assets	
Community Resources	**Stakeholders**
• Urban Bike Project • Newark Bike Project • Delaware State Parks • Delaware grasslands and wetlands • Wilmington Parks • Community centers and embedded senior centers	• Delaware Coalition Against Domestic Violence • Delaware Bike Council / Bike Delaware • Delaware Department of Natural Resources and Environmental Control (DNREC) • Delaware Transit Corporation (DTC) • Amtrak • Delaware Department of Transportation • Community Legal Aid Society, Inc. • Delaware Department of Labor • Delaware Coalition Against Gun Violence • Uber Health • Delaware Libraries

Premature Death

The premature death priority health outcome aims to mitigate the impact of drug and alcohol use through enhanced social support, trauma-informed care, and comprehensive community education and training. The two goals for improving rates of premature death are:

- Reduce drug-related substance use in youth and adults.
- Reduce alcohol consumption in youth and adults.

Goal 5.1: Reduce drug-related substance use in youth and adults.

Since 2015, drug-related substance use and drug deaths have been on the rise nationally. Delaware ranks among the highest in the United States in drug deaths at 52.4 deaths per 100,000 residents (AHR, 2021a). The increasing prevalence of fentanyl and opiates makes addressing substance use in youth and adults of utmost importance. Health disparities in substance use can be seen in the non-Hispanic Black populations in Delaware (AHR, 2021a). In 2022, Black communities had a higher drug death due to injury at 66.0 deaths per 100,000 compared to Hispanic (26.6 deaths per 100,000) and white (59.6 deaths per 100,000) populations (AHR, 2021a). Services relating to Naloxone training and awareness and improving access to methadone treatment programs are strategies that have been featured both here in Delaware and across the country.

Table 14a. Objective 5.1.1 to Reduce Drug Overdose Age-Adjusted Rate, Delaware, 2025-2028

Objective 5.1.1	Vital Condition
Reduce the age-adjusted rate of drug overdoses per 100,000 residents from 54.1 in 2021 to 48.7 in 2028	Basic Needs for Health and Safety Meaningful Work and Wealth

Source: My Healthy Community. (n.d.-g). Drug Overdose Deaths.
Note: Drug overdose rates have increased over the past two years: 48.4 drug overdoses per 100,000 in 2019 and 46.9 drug overdoses per 100,000 population in 2020. Stratification of baseline data is not available.

Table 14b. Objective 5.1.2 to Reduce Percentage Of High School Students Taking Prescription Drugs, Delaware, 2025-2028

Objective 5.1.2	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Reduce the percentage of Delaware public high school students who took prescription drugs without a doctor's prescription one or more times from 8% in 2021 to 5.5% in 2028	Basic Needs for Health and Safety Meaningful Work and Wealth Lifelong Learning	11th graders	11.2	8.2
		Hispanic	10.6	7.7
		Female	10.6	7.7

Source: My Healthy Community. (n.d.-h). Youth Substance Use.
Note: High school prescription pill use percentages have decreased over the past two data cycles: 12.6% of high school students took prescription drugs without a prescription in 2015 and 10.1% of high school students took prescription drugs without a prescription in 2017.

Table 14c. Objective 5.1.3 to Decrease Percentage Of Adults Reporting Illicit Opioid Use, Delaware, 2025-2028

Objective 5.1.3	Vital Condition
Decrease the percentage of adults who reported illicit opioid use in the past 12 months from 4.7% in 2023 to 2.8% in 2028	Basic Needs for Health and Safety Meaningful Work and Wealth

Source: America's Health Rankings. (2023a). Non-Medical Drug Use - Past Year in Delaware.
Note: Illicit opioid percentages have decreased over the past two data cycles: 12.6% of adults reported illicit opioid use in 2015 and 10.1% of adults reported illicit opioid use in 2017. Stratification of baseline data is not available.

Goal 5.2: Reduce alcohol consumption in youth and adults.

There are both short-term and long-term risks that individuals encounter during episodes of binge drinking or heavy drinking. These risks involve unintentional injuries, alcohol poisoning, and vehicular homicide. Long-term risks include adverse health outcomes such as hypertension, heart disease, cancer, and alcohol dependence. Alcohol deaths are also one of the leading causes of preventable deaths in the U.S. (AHR, 2022l). To reduce alcohol consumption in youth and adults, the Coalition suggested strategies that included education strategies for different populations, such as high school students and those who serve and sell alcohol.

Table 15a. Objective 5.2.1 to Reduce Percentage Of Adults Reporting Binge Or Heavy Drinking, Delaware, 2025-2028

Objective 5.2.1	Vital Condition	Priority	Baseline (Percent)	Target (Percent)
Reduce the percentage of adults reporting binge or heavy drinking from 15.2% in 2022 to 11.8% in 2028	Basic Needs for Health and Safety Meaningful Work and Wealth	Individuals with a college degree	16.8	13.2
		Ages 18 to 44	21.0	17.1
		Individuals with difficulty seeing	22.8	18.7
		White	18.0	14.3

Source: America's Health Rankings. (2022l). Excessive Drinking in Delaware.
Note: Excessive alcohol percentages have decreased over the past two years: 15.9% of adults reporting binge or heavy drinking in 2020 and 14.3% of adults reporting binge or heavy drinking in 2021.

Table 15b. Objective 5.2.2 to Decrease Percentage Of Children Consuming Alcohol, Delaware, 2025-2028

Objective 5.2.2	Vital Condition
Decrease the percentage of children ages 12 to 17 who reported drinking alcohol in the past month from 10.1% in 2018-2019 to 7.3% in 2028	Basic Needs for Health and Safety Meaningful Work and Wealth

Source: America's Health Rankings. (n.d.-f). Alcohol Use - Youth in Delaware.
Note: Alcohol use percentages in youth have increased over the past data cycle as the average rate in youth was 9.4% from 2017 to 2018. Stratification of baseline data is not available.

Figure 9j. Featured Strategies for Premature Death Goal, Delaware, 2025-2028

Premature Death Featured Strategies	
• Shift the way health care organizations approach trauma by adopting universal trauma precautions and providing trauma-specific care. • Provide medications such as methadone to individuals diagnosed with opioid use disorder in outpatient, residential, and hospital settings, usually with counseling and behavioral therapies. • Establish programs that accept expired, unwanted, or unused medicines from designated users and dispose of them responsibly. • Advocate for universal school-based alcohol prevention programs in high schools and colleges. • Increase availability and training of Naloxone. • Train health care and other social support providers to screen at-risk populations for intimate partner violence.	• Provide free fentanyl test strips to detect the presence of fentanyl in different kinds of drugs and drug forms. • Educate owners, managers, servers, and sellers at alcohol establishments about strategies to avoid illegally selling alcohol to underage youth or intoxicated patrons. • Increase awareness and use of needle or syringe exchange programs and/or other harm-reduction programs. • Use databases housed in state agencies to track prescribing and dispensing of Schedule II, III, IV, and V drugs and other controlled substances. • Increase survivor supports including victim-centered advocacy and health care services, housing programs, and legal and law enforcement protections.

Source: America's Health Rankings. (2022l). Excessive Drinking in Delaware; America's Health Rankings. (2023a). Non-Medical Drug Use - Past Year in Delaware; Delaware State Health Improvement Plan, Delaware State Health Assessment/State Health Improvement Plan Coalition, 2023-2028; University of Wisconsin Population Health Institute. (2024). County Health Rankings.

Figure 10e. Assets for Premature Death Featured Strategies, Delaware, 2025-2028

Premature Death Assets	
Community Resources	**Stakeholders**
• Community centers and embedded senior centers • Delaware grasslands and wetlands • Delaware State Parks	• DHSS Division of Substance Abuse and Mental Health (DSAMH) • Delaware Department of Natural Resources and Environmental Control (DNREC) • Coalition for a Safer Delaware

Cross-Cutting/Multifaceted Assets

The priority health outcomes-- mental health, chronic disease, maternal and infant health, avoidable injury, and premature death--are interconnected, each influencing and being influenced by the others. Addressing these health outcomes requires holistic multidisciplinary approaches considering the Vital Conditions for Health and Well-Being framework. Delaware's list of cross-cutting assets and stakeholders highlights the importance of an intersectional approach when addressing health outcomes. The assets and stakeholders listed provide essential services for overall access to care, housing, transportation, and education, which have implications across the identified priority health outcomes. By improving service coordination and improving access to these resources, these assets and stakeholders can simultaneously address gaps in mental health care, chronic disease management, maternal and infant health, injury prevention, and premature death. The broad scope of these Delaware partners ensures that the solutions are developed collaboratively rather than in siloed environments, facilitating long-term health across Delaware.

Figure 10f. Assets for Cross-Cutting Strategies, Delaware, 2025-2028

Cross-Cutting Assets	
Community Resources	**Stakeholders**

• Parents
• Teachers, professors, principals, and other school administrators
• Social workers and case managers
• Insurance companies
• Nurses, physician assistants, doctors, and other medical professionals
• Lobbyists
• Community leaders
• Neighborhood Watch members
• Childcare providers (including before and aftercare)
• Local and State officials
• Realtors
• For-profit developers
• Cooperative Extension community health programs
• Unions/union advocacy
• Churches, religious institutions
• Low-Income Housing Tax Credit (LIHTC)
• Community health workers
• Community Development Block Grant Programs (CDBG)
	• DHSS Division of Public Health (DPH)
	• Delaware Office of State Planning and Coordination
	• U.S. Health Resources and Services Administration
	• DHSS Division of Medicaid and Medical Assistance (DMMA)
	• Community Health Worker Association of Delaware
	• U.S. Department of Agriculture
	• Delaware hospital systems
	• Metropolitan Wilmington Urban League
	• Delaware Health Information Network
	• Healthy Communities Delaware
	• Governor's Advisory Council for Exceptional Citizens (GACEC)
	• Transportation Stakeholders:
	  • Delaware Transit Corporation (DTC)
	  • Amtrak
	  • Delaware Department of Transportation
	  • DART

Figure 10f. Assets for Cross-Cutting Strategies, Delaware, 2025-2028 (Continued)

Cross-Cutting Assets	
Community Resources	**Stakeholders**

• Delaware
• Delaware hospital systems transportation:
  • Micro Mobility app for Sussex County residents
  • Network Connect
• Education:
  • High school pathways career-preparation programs
  • Career counseling
  • Dual Generation Center
  • Delaware Library System
  • Delaware Head Start / Early Head Start Delaware
  • Parent Teacher Association (PTA)
  • Delaware school systems with eight colleges and universities, six vocational-technical high schools
	• Educational stakeholders:
	  • University of Delaware
	  • Lifelong Learning Institute
	  • Delaware colleges, universities, and vocational/technical schools
	  • Delaware Department of Education (DOE)
	• First State Pre-K stakeholders:
	  • Rodel Foundation
	  • Delaware STARS
	  • Delaware Readiness Team
	• Delaware State Housing Authority (DSHA)
	• Delaware Affordable Housing Coalition
	• Housing Alliance Delaware
	• Delaware Chapter of the National Association of Housing and Redevelopment Officials
	• U.S. Department of Housing and Urban Development (HUD)

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APPENDIX A: SHA/SHIP PARTNERSHIP COALITION STAKEHOLDERS

AARP
American Heart Association
Beebe Healthcare
Children and Families First
ChristianaCare
Coalition for a Safer Delaware
Coastal Carolina University
Community representatives
Cornerstone West Community Development Corporation
Delaware Alliance Against Sexual Violence
Delaware Breast Cancer Coalition
Delaware Coalition Against Domestic Violence
Delaware Department of Transportation
Delaware Developmental Disabilities Council
Delaware Division of Public Health
Delaware Department of Health and Social Services
Delaware Health Care Facilities Association
Delaware Healthcare Association
Delaware HIV Consortium
Delaware Libraries
Delaware State University
Domestic Violence Ambassadors
Food Bank of Delaware
GBA Consulting
Goodwill of Delaware
Health Literacy Council of Delaware
Healthy Communities Delaware
League of Women Voters
Mariposa Arts
Medical Society of Delaware
Mental Health Association in Delaware
National Alliance on Mental Illness Delaware
NeighborGood Partners
Nurses & Neighbors Collaborative
Partnership for Healthy Communities
Planet Youth Coalition
State Council of Persons with Disabilities
Stanziale Solutions LLC
Sussex County Health Coalition
Tidal Health
University of Delaware
United Way of Delaware
Westside Family Healthcare
Wilmington University

APPENDIX B: LIST OF ACRONYMS

AHR	America's Health Rankings
AHRQ	Agency for Healthcare Research and Quality
APHA	American Public Health Association
ASTHO	Association of State and Territorial Health Officials
CASPER	Community Assessment for Public Health Emergency Response
CDC	Centers for Disease Control and Prevention
CDBG	Community Development Block Grant programs
DACA	Deferred Action for Childhood Arrivals
DHA	Delaware Healthcare Association
DHSS	Delaware Department of Health and Social Services
DNREC	Delaware Department of Natural Resources and Environmental Control
DOE	Delaware Department of Education
DPH	Delaware Division of Public Health
DSAMH	Delaware Division of Substance Abuse and Mental Health
DSHA	Delaware State Housing Authority
DTC	Delaware Transit Corporation
DMMA	Division of Medicaid and Medical Assistance
EAPs	Employee Assistance Programs
ECE	Early Childhood Education
EITC	Earned Income Tax Credits
ELTRR	Equitable Long-Term Recovery and Resilience Governor's
GACEC	Advisory Council for Exceptional Citizens
HUD	U.S. Department of Housing and Urban Development Low-
LIHTC	Income Housing Tax Credit
LRTP	Long Range Transportation Plan
MAPP	Mobilization for Action through Planning and Partnerships
MHA	Mental Health Association
NAMI	National Alliance on Mental Illnesses
ODPHP	Office of Disease Prevention and Health Promotion Public
PHAB	Health Accreditation Board
PTA	Parent Teacher Association
SHA	State Health Assessment
SHA/SHIP	State Health Assessment/State Health Improvement Plan
SHIP	State Health Improvement Plan
STEADI	Stopping Elderly Accidents, Deaths, & Injuries
SWOC	Strengths, Weaknesses, Opportunities, and Challenges
UD EPI	University of Delaware Epidemiology Department
UD PHC	University of Delaware Partnership for Healthy Communities
WHO	World Health Organization

APPENDIX C: HOW TO USE THE DELAWARE SHIP

Community/Non-Profit/Faith-Based Organizations

Community organizations, non-profits, and faith-based organizations can use the Vital Conditions for Health and Well-Being framework domains, identified in the Delaware SHIP, to guide conversations with community members about what is affecting their health and well-being. Engagement with the community members will drive the multisolvers and the priority health goals forward. Using the SHIP in these settings requires speaking with community members about the importance of wellness and connecting them with available resources. In addition, activities and outreach efforts should be aligned with health improvement needs and recommendations in the Delaware SHIP. Community organizations, non-profits, and faith- based organizations can also use the plan to advocate for changes that improve health by interacting with policymakers and legislative planners.

Government (Local, State)

The Delaware SHIP can be used to understand and promote priority issues on the local and state levels. Additionally, systemic barriers should be identified to apply the Delaware SHIP in these settings. Local and state governments should collaboratively make plans for collective action by investing in programs that will support the community's and state's health needs. In doing so, equity will be assured for all Delaware residents. In addition, legislation and/or policy will assist in making progress toward our multisolver and priority health outcome goals. When developing or improving policies and systems or making wide-reaching decisions in Delaware, the Vital Conditions for Health and Well-Being framework and a health equity lens should be embraced.

Individuals and Families

To apply the Delaware SHIP to individuals and families, opportunities should be created to educate others to support the objectives of this plan in settings such as schools, churches, workplaces, etc. Individuals and families can volunteer for service organizations in their Delaware communities that address the Vital Conditions for Health and Well-Being framework. To get involved in state or local health improvement efforts, individuals and families can visit the Delaware SHIP website to review updates and contact the SHIP email (**info@delawareship.org**) to be added to the SHA/SHIP Partnership Coalition (Coalition) mailing list.

Health Care Professionals

Health care professionals can start applying the Delaware SHIP by using recommended practices to make changes for their clients based on the multisolvers and priority health outcomes. The information in this plan can be shared with colleagues. Health care professionals can lead their peers in advocating for actions to improve the community's health. Further, health care professionals can explore ways to improve access, cultural competence, and cultural humility.

Businesses and Employers

Businesses and employers should seek to understand priority issues in the Delaware SHIP and how they will apply to and impact their workforce. To support healthier employees, the work environment should be changed and benefit plans enhanced. Educating management teams and employees about the link between employee health and work productivity is important. Investments in employee retention and career development should also be considered.

Health Insurers and Payers

Health insurers and payers should educate employers and other health insurance purchasers about the benefits of preventive health care and respond specifically to the state's health needs. Health insurers and payers must consider how their organizations address the Vital Conditions for Health and Well-Being framework and explore the possible ways that institutional racism may contribute to their organization. Health insurers and payers should also identify how they can contribute to the statewide health education framework and take action to improve systems and access to care.

Hospitals

Hospitals can partner with communities in their catchment areas to address upstream issues impacting their long-term outcomes of patients and community residents. Hospitals can also identify how their organization can contribute to developing a statewide health education framework. Lastly, hospitals should explore ways the institution can improve access, cultural competence, and cultural humility.

Educational Institutions

Education institutions at all levels must understand and promote priority health issues in this plan. They should incorporate them as lessons in health, science, social studies, and other subjects or when designing research studies or service projects within the community and state. Opportunities should be created for action at schools to support the objectives in this plan that affect students, faculty, staff, and parents. Education institutions can also work with state and local partners to develop meaningful student engagement opportunities to better understand and address the Vital Conditions for Health and Well-Being framework.

APPENDIX D: SHIP GOALS AND OBJECTIVES SUMMARY

Table D1. Summary of State Health Improvement Plan Goals and Objectives, Delaware, 2025-2028

Goals and Objectives		Baseline	Target
1. Mental Health			
Goal 1.1: Increase access to mental health care and treatment.			
1.1.1	Reduce the mental health population-to-provider ratio from 310:1 in 2023 to 279:1 in 2028.[1]	310:1	279:1
1.1.2	Decrease the percentage of people under 65 who do not have health insurance from 5.6% in 2022 to 3.5% in 2028.[2]	5.6%	3.5%
Goal 1.2: Improve mental health outcomes through accessible mental health services and education about mental health disorders.			
1.2.1	Decrease the percentage of adults who reported ever being told by a health professional that they have a depressive disorder, including depression, major depression, minor depression, or dysthymia, from 19.9% in 2022 to 16.1% in 2028.[3]	19.9%	16.1%
1.2.2	Reduce the rate of suicide from 13.7 deaths per 100,000 population in 2021 to 12.3 in 2028.[4]	13.7	12.3
1.2.3	Decrease the percentage of children ages 3 to 17 diagnosed with depression from 4.9% in 2022-2023 to 3.0% in 2028.[5]	4.9%	3.0%
2. Chronic Disease			
Goal 2.1: Reduce the population's risk of chronic disease through population weight management, including physical activity and accessible nutritious food.			
2.1.1	Reduce the percentage of food insecurity from 12% in 2022 to 8.9% in 2028.[6]	12%	8.9%
2.1.2	Increase the percentage of adults who met the federal physical activity guidelines (150 minutes of moderate or 75 minutes of vigorous aerobic activity and two days of muscle strengthening per week) in the past 30 days, from 23.8% in 2019 to 28.2% in 2028.[7]	23.8%	28.2%
2.1.3	Increase the percentage of daily vegetable intake in youth (ages 18 and under) from 15.8% in 2017 to 19.6% in 2028.[8]	15.8%	19.6%

Table D1. Summary of State Health Improvement Plan Goals and Objectives, Delaware, 2025-2028 (Continued)

2.1.4	Reduce the percentage of adult obesity from 37.9% in 2022 to 33.1% in 2028.[9]	37.9%	33.1%
2.1.5	Reduce the percentage of children ages 10 to 17 who are overweight or obese from 36.2% in 2020-2021 to 31.5% in 2028.[10]	36.2%	31.5%
Goal 2.2: Reduce the impact of tobacco and nicotine use.			
2.2.1	Reduce the percentage of adults who are current smokers (smoke daily, some days, or at least 100 cigarettes in their lifetime) from 12.9% in 2022 to 9.7% in 2028.[11]	12.9%	9.7%
2.2.2	Decrease the percentage of children ages 12 to 17 who reported using a tobacco product in the past month from 4.0% in 2018-2019 to 2.3% in 2028.[12]	4.0%	2.3%
2.2.3	Reduce the percentage of high school students who reported using an electronic vapor product in the past 30 days from 17.9% in 2021 to 14.2% in 2028.[13]	17.9%	14.2%
Goal 2.3: Improve preventive screening and routine health visits.			
2.3.1	Increase the percentage of women ages 40 to 74 who reported receiving a mammogram in the past two years from 75% in 2022 to 79.2% in 2028 .[14]	75%	79.2%
2.3.2	Increase the percentage of children ages 0 to 17 who received one or more preventive visits in the past 12 months from 81.2% in 2022-2023 to 84.9% in 2028.[15]	81.2%	84.9%
2.3.3	Increase the percentage of adults who visited a doctor for a routine checkup within the past year from 81.8% in 2023 to 85.5% in 2028.[16]	81.8%	85.5%
Goal 2.4: Improve health outcomes through chronic disease management.			
2.4.1	Reduce the rate of cancer mortality from 164.8 per 100,000 population from 2016-2018 to 148.3 per 100,000 in 2028.[17]	164.8	148.3
2.4.2	Reduce the percentage of adults who reported being told by a health professional that they have high blood pressure from 36.2% in 2021 to 31.5% in 2028.[18]	36.2%	31.5%
2.4.3	Reduce the percentage of adults who reported ever being told by a health professional that they have diabetes from 13.9% in 2022 to 10.6% in 2028.[19]	13.9%	10.6%

Table D1. Summary of State Health Improvement Plan Goals and Objectives, Delaware, 2025-2028 (Continued)

2.4.4	Decrease the percentage of adults who reported having their cholesterol checked and being told by a health professional that it was high from 37.7% in 2021 to 32.9% in 2028.[20]	37.7%	32.9%
3. Maternal and Infant Health			
Goal 3.1: Reduce adverse maternal health outcomes.			
3.1.1	Decrease the number of maternal deaths related to or aggravated by pregnancy occurring within 42 days of the end of pregnancy per 100,000 live births from 18.9 in 2017-2021 to 17.0 in 2028.[21]	18.9	17.0
Goal 3.2: Reduce adverse infant health outcomes.			
3.2.1	Reduce the number of infant deaths per 1,000 live births from 6.2 in 2021-2021 to 5.6 in 2028.[22]	6.2	5.6
3.2.2	Reduce the percentage of preterm births from 10.8% in 2022 to 7.9% in 2028.[23]	10.8%	7.9%
3.2.3	Decrease the percentage of infants with low birth weight (weighing less than 5 pounds, 8 ounces at birth) from 9.0% in 2022 to 6.3% in 2028.[24]	9.0%	6.3%
Goal 3.3: Improve maternal health access throughout the pregnancy lifespan.			
3.3.1	Increase the percentage of live births in which the pregnant person received prenatal care from 76.8% in 2022 to 80.9% in 2028.[25]	76.8%	72.5%
3.3.2	Increase the percentage of women with a recent live birth who reported receiving a postpartum checkup from 87.7% in 2021 to 90.8% in 2028.[26]	87.7%	90.8%
4. Avoidable Injury			
Goal 4.1: Enhance the availability and access to various means of transportation, including walking, cycling, and public transportation.			
4.1.1	Increase use of public transportation to work from 2.3% in 2023 to 4.0% in 2028.[27]	2.3%	4.0%
4.1.2	Increase the percentage of people walking to work from 2.1% in 2023 to 3.8% in 2028.[27]	2.1%	3.8%
4.1.3	Increase the percentage of people bicycling to work from 0.2% in 2023 to 0.9% in 2028.[27]	0.2%	0.9%

Table D1. Summary of State Health Improvement Plan Goals and Objectives, Delaware, 2025-2028 (Continued)

Goal 4.2: Increase vaccine protection against COVID-19 and influenza.			
4.2.1	Increase the percentage of eligible population vaccinated with an updated COVID-19 booster dose from 16.4% in 2022-2023 to 20.3% in 2028.[28]	16.4%	20.3%
4.2.2	Increase the percentage of eligible population vaccinated with an updated influenza vaccine from 34.6% from 2022-2023 to 39.4% in 2028.[29]	34.6%	39.4%
Goal 4.3: Reduce injury and deaths associated with driving motor vehicles.			
4.3.1	Decrease the percentage of motor vehicle crash deaths involving alcohol from 21% in 2021 to 17.1% in 2028.[1]	21%	17.1%
4.3.2	Reduce the rate of motor vehicle crash deaths per 100,000 population from 13 in 2015-2021 to 11.7 in 2028.[1]	13	11.7
Goal 4.4: Improve health outcomes related to violence, falls, and other avoidable injuries.			
4.4.1	Decrease the percentage of adults ages 65 and older who reported falling in the past 12 months from 25.6% in 2020 to 17.1% in 2028.[30]	25.6%	17.1%
4.4.2	Reduce the rate of homicide deaths per 100,000 population from 9.5 in 2020-2021 to 8.6 in 2028.[31]	9.5	8.6
4.4.3	Decrease the rate of firearm-related deaths per 100,000 population from 16.2 in 2021 to 14.6 in 2028.[32]	16.2	14.6
4.4.4	Decrease the number of domestic violence incidents from 22,232 in 2023 to 20,008 in 2028.[33]	22,232	20,008
5. Premature Death			
Goal 5.1: Reduce drug-related substance use in youth and adults.			
5.1.1	Reduce the age-adjusted rate of drug overdoses per 100,000 residents from 54.1 in 2021 to 48.7 in 2028.[34]	54.1	48.7
5.1.2	Reduce the percentage of Delaware public high school students who took prescription drugs without a doctor's prescription one or more times from 8% in 2021 to 5.5% in 2028.[35]	8%	5.5%
5.1.3	Decrease the percentage of adults who reported illicit opioid use in the past 12 months from 4.7% in 2023 to 2.8% in 2028.[36]	4.7%	2.8%

Table D1. Summary of State Health Improvement Plan Goals and Objectives, Delaware, 2025-2028 (Continued)

Goal 5.2: Reduce alcohol consumption in youth and adults.			
5.2.1	Reduce the percentage of adults reporting binge or heavy drinking from 15.2% in 2022 to 11.8% in 2028.[37]	15.2%	11.8%
5.2.2	Decrease the percentage of children ages 12 to 17 who reported drinking alcohol in the past month from 10.1% in 2018-2019 to 7.3% in 2028.[38]	10.1%	7.3%

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APPENDIX E: ADDITIONAL OBJECTIVES

Appendix E is a compilation of additional objectives the Delaware SHA/SHIP Partnership Coalition would like to work on and/or address.

Table E1. Additional Objectives for the State Health Improvement Plan, Delaware, 2025-2028

Mental Health
Goal 1.2: Improve mental health outcomes through accessible mental health services and awareness about mental health disorders.
• Reduce the percentage of adults who report experiencing poor mental health for 14 or more of the last 30 days in 2021 from 14% in 2021 to 10.7% in 2028.[1] • Reduce the percentage of children ages 3 to 17 who currently have anxiety problems from 10.7% in 2022-2023 to 7.8% in 2028.[2]
Chronic Disease
Goal 2.1: Reduce the population's risk of chronic disease through population weight management, including physical activity and accessible nutritious food.
• Increase access to healthy foods for low-income residents who do not live close to a grocery store from 6% in 2019 to 8.6% in 2028.[1] • Reduce the percentage of adults who reported doing no physical activity or exercise other than their regular job in the past 30 days from 23.5% in 2022 to 19.4% in 2028.[1] • Increase the percentage of people who have access to exercise opportunities (live close to a park or recreation facility) from 79% in 2020-2023 to 82.9% in 2028.[1]
Goal 2.2: Reduce the impact of tobacco and nicotine use.
• Reduce the percentage of children ages 0 to 17 who live in households where someone uses cigarettes, cigars, or pipe tobacco from 12.5% in 2020 to 2021 to 9.4% in 2028.[3]

Table E1. Additional Objectives for the State Health Improvement Plan, Delaware, 2025-2028 (Continued)

Goal 2.3: Improve preventive screening and routine health visits.
• Increase the percentage of adults ages 45 to 75 who reported receiving one or more of the recommended colorectal cancer screening tests within the recommended time interval from 64.7% in 2022 to 69.4% by 2028.[4]
• Increase the percentage of people who have a personal health care provider from 52.5% in 2023 to 57.5% by 2028.[5]
• Increase the percentage of people who have been tested for HIV from 39% in 2023 to 43.9% by 2028. [5]
Goal 2.4: Improve health outcomes through chronic disease management.
• Reduce the age-adjusted rate of COPD-related hospitalizations among individuals ages 25 and older from 560.7 per 100,000 population in 2021 to 504.6 per 100,000 population in 2028.[6]
• Reduce the myocardial infarction-related hospitalization rate among individuals ages 35 and older from 253.1 per 100,000 population to 227.8 per 100,000 population by 2028.[7]
Avoidable Injury
Goal 4.3: Reduce the injury and deaths associated with driving motor vehicles.
• Increase the percentage of people who always or nearly always wear a seat belt from 96% in 2023 to 97.7% by 2028.[5]
• Reduce the pedestrian fatality rate from 2.71 per 100,000 population in 2023 to 2.4 per 100,000 population by 2028.[8]
Goal 4.4: Improve health outcomes related to violence, falls, and other avoidable injuries.
• Reduce the injury-related death rate among children ages 1 to 19 from 18.9 per 100,000 population in 2019–2021 to 17 per 100,000 population in 2028.[9]
• Decrease the age-adjusted accidental death rate per 100,000 population from 71.7 in 2020 to 64.5 in 2028.[10]

Table E1. Additional Objectives for the State Health Improvement Plan, Delaware, 2025-2028 (Continued)

Premature Death
Goal 5.1: Reduce drug-related substance use in youth and adults.
• Lower the age-adjusted opioid drug overdose rate per 100,000 residents from 48.5 in 2021 to 43.7 by 2028.[11]
• Reduce the age-adjusted heroin drug overdose rate per 100,000 residents from 7.1 in 2021 to 6.4 by 2028.[11]

Sources:

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APPENDIX F: GLOSSARY

Asset: The community resources and stakeholders available to help achieve the objectives.

Chronic condition: A long-term disease or condition that requires ongoing care and can worsen over time (CDC, 2021).

Cost burdened: When a household spends more than 30% of their income on rent, mortgage payments, and other housing costs (U.S. Census Bureau, 2024).

Cultural competency: The ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs (Betancourt et al., 2002).

Goal: The broad statements of what the partnership hopes to accomplish related to the priority and may include the approach or "by or through" phrase. They are general statements expressing a program's aspirations or intended effect on one or more health problems, often stated without time limits (ASTHO, 2014).

Health Disparities: A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage (DHSS, 2022).

Health Equity: The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities (DHSS, 2022).

Health Literacy: The ability to access, understand, appraise, and use information and services in ways that promote and maintain good health and well-being (World Health Organization [WHO], 2024).

Infant mortality: The death of a baby that occurs between the time it is born and one year of age (National Institute of Child Health and Human Development, n.d.)

Life expectancy: The average number of years that a newborn could expect to live, if he or she were to pass through life exposed to the sex- and age-specific death rates prevailing at the time of his or her birth, for a specific year, in a given country, territory, or geographic area (WHO, n.d.-a).

Maternal morbidity: A term used to describe any health condition attributed to and/or aggravated by pregnancy and childbirth that has negative outcomes to the woman's well-being (Office of Research on Women's Health, n.d.).

Maternal mortality: The death of a pregnant person while pregnant or within one year of ending a pregnancy, from any cause related to the pregnancy or its management (Office of Research on Women's Health, n.d.).

Medicaid: A joint federal and state program that helps cover medical costs for some people with limited income and resources (Centers for Medicare and Medicaid Services, 2021).

Medicare: A federal health insurance program for people ages 65 or older, and some people under 65 with certain disabilities or conditions (Centers for Medicare and Medicaid Services, 2021).

Multisolving: The practice of identifying and advocating for policies and investments that can solve multiple problems, often across sectors (Rippel Foundation, n.d.).

Multivoting: A way for a group of people to prioritize a list of options by allowing each person to vote for multiple options in order of their personal preference (AHRQ, n.d.).

Objective: The targets for achievements through interventions. They are time limited and measurable in all cases, and use various levels for an intervention, including outcome, impact, and process objectives (ASTHO, 2014).

Postpartum depression: Depression suffered by a pregnant person following childbirth, typically arising from the combination of hormonal changes, psychological adjustment to parenthood, and fatigue (Carlson et al., 2025).

Preterm birth: Also known as premature birth, is when a baby is born before 37 weeks of pregnancy have been completed (WHO, 2023).

Priority: A critical health topic that will be focused on to achieve the goal of improving the health of individuals and communities in the state (ASTHO, 2014).

Public Health: The science of protecting and improving the health of people and communities. This is achieved through promoting healthy lifestyles, research on disease and injury prevention, detecting, preventing and responding to infectious diseases (CDC Foundation, 2025).

Social Determinants of Health: The non-medical factors that affect a person's health, well-being, and quality of life. They include the conditions in which people are born, grow, live, work, and age, as well as the broader systems and forces that shape these conditions (WHO, n.d.-b).

Strategy: Define how the objectives will be reached and specify the type of activities that must be planned, by whom and for whom (ASTHO, 2014).

Trauma-informed care: An intervention and organizational approach that focuses on how trauma may affect an individual's life and his or her response to behavioral health services from prevention through treatment (Substance Abuse and Mental Health Services Administration, 2014).

Quality of life: An individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns (WHO, 2012).

Vital Conditions for Health and Well-Being: The properties of places and institutions that are needed all the time for everyone to reach their full potential (Rippel Foundation, n.d.).

APPENDIX G: FULL LIST OF MULTISOLVING SOLUTIONS

The objective of the Federal Plan for Equitable Long-Term Recovery and Resilience (ELTRR) outlines the approach for federal agencies to strengthen the Vital Conditions for Health and Well-Being framework for improving individual and community health and well-being. The Federal Plan for ELTRR proposed 78 recommendations and categorized them by vital condition. Multisolving solutions was adapted directly from the Federal Plan for ELTRR. The original list of 78 recommendations list was narrowed to 32 multisolving strategies and adapted for application for Delaware by the UD PHC and UD EPI teams (Federal Plan for ELTRR, 2022).

Table G-1. The Federal Plan for Equitable Long-Term Recovery and Resilience Proposed Recommendations, 2022

	Vital Condition	Vital Conditions and Multisolving Solutions
1	Belonging and Civic Muscle	Provide technical assistance/training focused on increasing connections between public/private agencies and communities working to improve vital conditions.
2	Belonging and Civic Muscle	Increase flexible funding for equitable community development (e.g., Community Development Block Grants).
3	Belonging and Civic Muscle	Increase worker power to rebalance the labor market (e.g., support for unions).
4	Humane Housing	Coordinate affordable housing development with proximity to comprehensive services.
5	Humane Housing	Home environment assessments and loans/grants to improve insulation, air quality, dampness, energy conservation, removal of health or safety hazards (lead, mold, etc.) from homes.
6	Humane Housing	Increase funding for the Housing Choice Voucher Program (Section 8) (monetary support to individuals to increase access to affordable housing).
7	Humane Housing	Increase inclusionary zoning and affordable housing policies (policy and incentives to increase affordable housing).
8	Humane Housing	Increase Low-Income Housing Tax Credits (subsidizing development of affordable housing).
9	Lifelong Learning	Increase access to enrichment experiences in and outside of schools for under-resourced communities and that historically have been marginalized.
10	Lifelong Learning	Increase access to high-quality after-school and summer programs with academic support.

Table G-1. The Federal Plan for Equitable Long-Term Recovery and Resilience Proposed Recommendations, 2022 (Continued)

11	Lifelong Learning	Increase access to high-quality early childhood education.
12	Meaningful Work/ Wealth	Provide permanent paid family medical leave and sick days.
13	Meaningful Work/ Wealth	Address major drivers of the safety net benefits cliff effect (when families income increase causes them to lose needed benefits).
14	Meaningful Work/ Wealth	Increase the minimum wage (currently $11.75/hr.) and index to median wage growth.
15	Meaningful Work/ Wealth	Reform sentencing in the criminal justice system and enact policies that support successful re-entry.
16	Meaningful Work/ Wealth	Expand Child Tax Credits and Earned Income Tax Credits (EITC), usually implemented as refundable income tax credits levied at the federal, state, and/or local levels that benefit low and moderate-income working individuals and families.
17	Basic Needs for Health and Safety	Increase access to health care services for physical and mental health (e.g., community health workers, telemedicine, school-based health centers, increase providers, etc.).
18	Basic Needs for Health and Safety	Catalyze the development of responsible urban agriculture, community and school gardens, and the creation and expansion of local farmers' markets.
19	Basic Needs for Health and Safety	Increase access to physical activity that is safe and convenient, through expansion of and funding for places such as parks and town squares, walking and biking paths, active and public transportation infrastructure, and supportive programming.
20	Basic Needs for Health and Safety	Expand availability and affordability of broadband services and affordable hardware for communities with limited access to quality broadband internet.
21	Basic Needs for Health and Safety	Expand state Medicaid coverage to include federally allowable supports for social needs (housing, food); coverage of evidence-based services such as community health workers and doulas; tobacco cessation supports, etc.
22	Basic Needs for Health and Safety	Expand school-based violence prevention programs to provide students and school staff with information about violence, change how youth think and feel about violence, and enhance interpersonal and emotional skills such as communication and problem-solving, empathy, and conflict management.
23	Basic Needs for Health and Safety	Expand school-based programs that increase physical activity during the times children are on school grounds before, during, and after classes.
24	Basic Needs for Health and Safety	Multicomponent workplace obesity strategies include information and education, behavioral and social strategies, environmental components, and financial incentives.

Table G-1. The Federal Plan for Equitable Long-Term Recovery and Resilience Proposed Recommendations, 2022 (Continued)

	Reliable Transportation	Incentivize community-based service delivery organizations to co-locate high-value services and resources at new and existing transportation centers.
26	Reliable Transportation	Increase the widespread availability of reliable public transportation that is affordable, frequent, and convenient within and between communities.
27	Reliable Transportation	Increase cross-agency alignment and integration of infrastructure planning and design that leverages new and existing transportation centers as integrated hubs for core services (e.g., food, behavioral health, health care, workforce enrollment).
28	Reliable Transportation	Increase rural transportation services.
29	Reliable Transportation	Increase Complete Streets and streetscape design initiatives.
30	Thriving Natural World	Prioritize the existence and creation of safe, healthy, and accessible community open green (forests/fields/parks) and blue spaces (water).
31	Thriving Natural World	Require planning efforts using/applying for public funds to be multisector and to assess and address environmental stressors related to climate change.
32	Thriving Natural World	Incentivize transition to clean diesel/electric bus and car fleets.

Source: Delaware State Health Improvement Plan Summit, December 13, 2023 and December 14, 2023