Delaware State Health Assessment and Improvement Plan (SHIP) Partnership Coalition

April 6, 2023



Charting a course to improve health



Welcome and Objectives

Yendelela Cuffee, PhD, MPH

State Health Assessment Update with Chat Q&A

Matt Simon, MA, GISP, Spatial Data Consulting

- Leanne Fawkes, DrPH, MPH, Postdoctoral Researcher
- Braulio Benitez Florentino, MPH Graduate RA
- Christiana Oyekanmi, MPH SHIP Fellow
- Danielle Whyte, SHIP Undergraduate Intern
- Epidemiology, College of Health Sciences, University of Delaware
- Facilitator and Chat Moderator: Kate DuPont Phillips, Executive Director, Healthy Communities Delaware Adjourn

Break

S.W.O.C. Analysis

Noel Duckworth, DVS

Program Manager, Partnership for Healthy Communities, Community Engagement Initiative, University of Delaware

Breakout Rooms

Steering Committee

Wrap Up and Next Steps

Yendelela Cuffee, PhD, MPH



Delaware SHIP Coalition *Mission & Vision*



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.

Vital Conditions for Health and Well-Being Framework

Addresses upstream factors

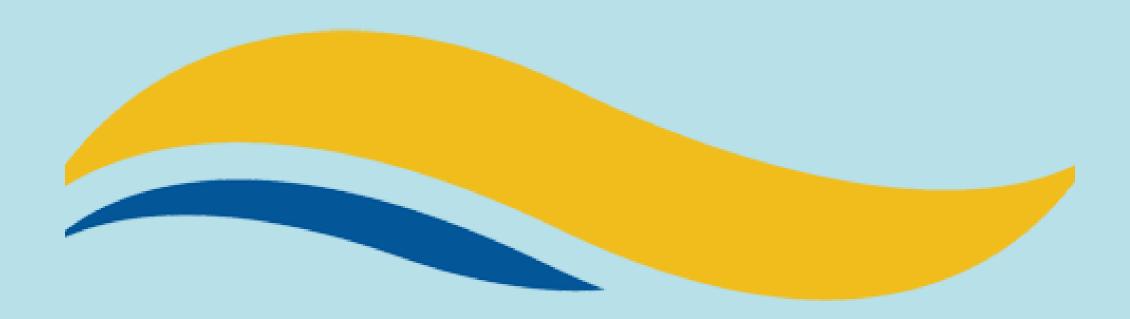
What makes a healthy, safe and vibrant community of opportunity?

Vital Conditions/ SDOH:

What all people need all the time to thrive and reach our full potential.



State Health Assessment Update



State Health Assessment Primary & Secondary Data Collection

- Primary Data (new data collected through the SHA process)
 - Door-to-Door Surveying
 - Community Conversations
- Secondary Data (data that already existed from other sources)
 - American Community Survey (ACS), Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), National Equity Atlas, County Health Rankings, Opportunity Insights, etc.
 - DE Hospital Community Health Needs Assessments
 - DE Organizational Plans and Community-based Health Needs Assessments

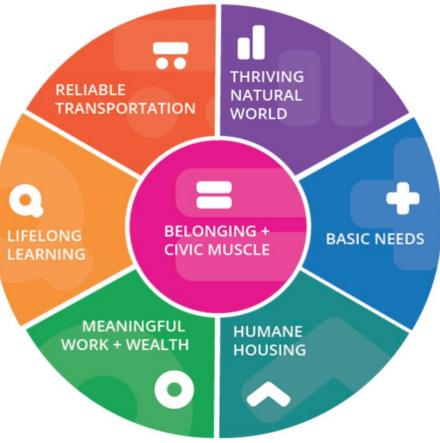


Chat Q & A

- If you have questions as we review data, please feel free to put your question in the chat.
- We will answer some questions in the chat as we go, and verbally answer others after the data presentation.



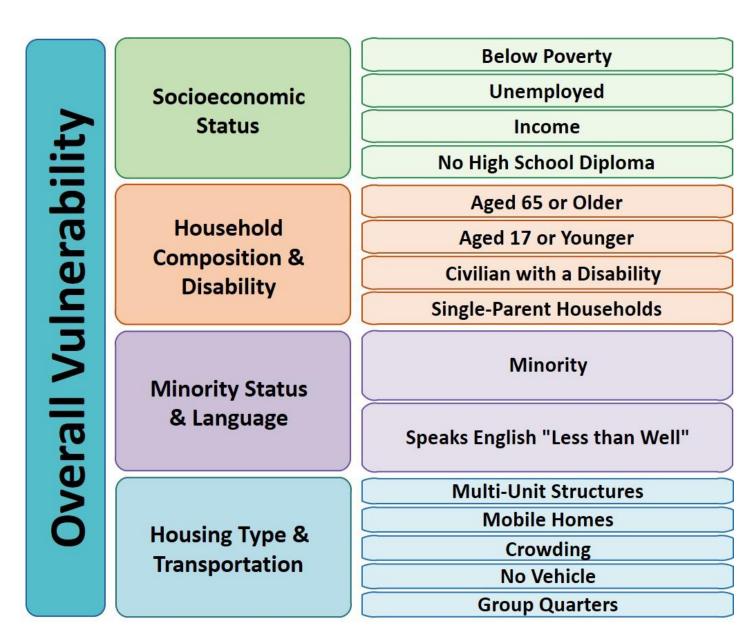
- Goal: to measure the Vital Conditions
- How: use validated survey and sampling method
 - Centers for Disease Control and Prevention and the World Health Organization
- Solicited feedback from DPH and Community Partners
- One survey per county



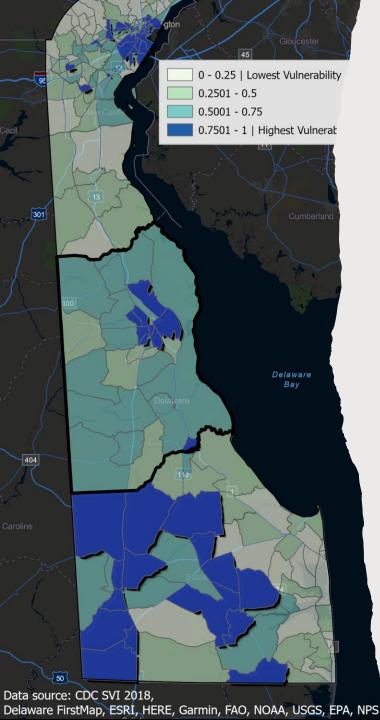


Centers for Disease Control and Prevention (CDC) Social Vulnerability Index (SVI)

Data are sourced from the U.S. Census Bureau's American Community Survey 2014-2018 (5year) estimates.



Source CDC: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html

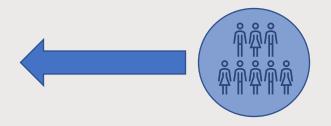


How We Sampled

Neighborhoods classified by CDC's SVI as most vulnerable

Random sampling in two stages

Looked at race, ethnicity, income, education across **our sample** and ALL socially vulnerable neighborhoods





State Health Assessment Surveys

New Castle County

- October 27–October 29, 2022
- **185 surveys** (completion rate: 185/210 = **88.1%**)
- Contact Rate, 19.1% (185/968)
- Cooperation Rate, 57.5% (185/322)

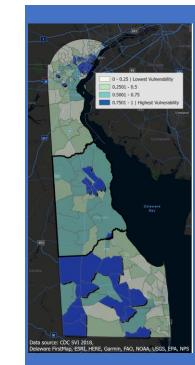
Kent County

- November 10–November 12, 2022
- **178 surveys** (completion rate: 178/210 = **84.8%**)
- Contact Rate, 24.0% (178/743)
- Cooperation Rate, 60.1% (178/296)

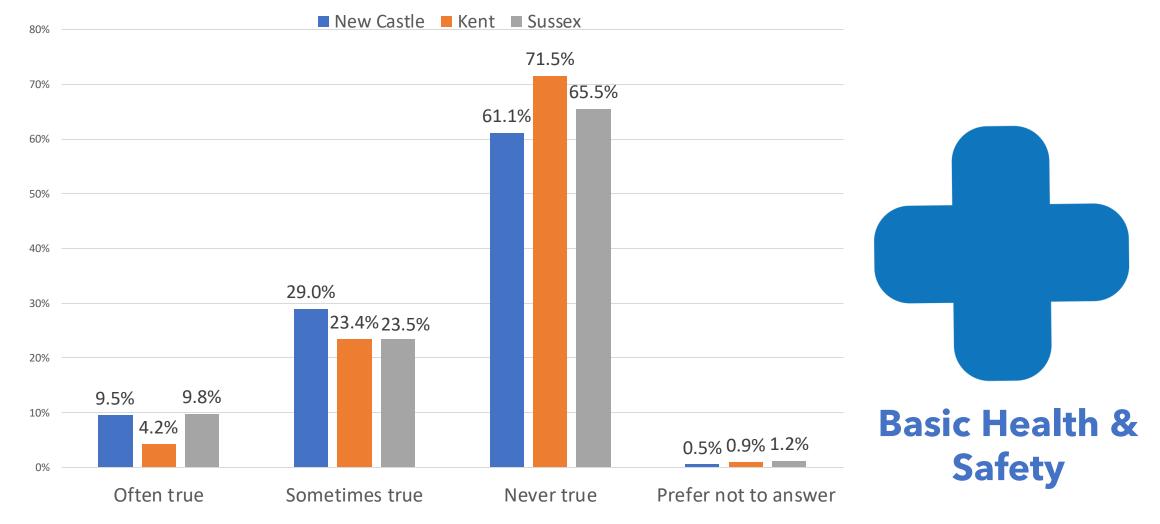
Sussex County

- February 16-18, February 25, March 4, 2023
- 168 surveys (completion rate: 168/210 = 80.0%)
- Contact Rate, 23.7% (168/708)
- Cooperation Rate, 52.8% (168/318)



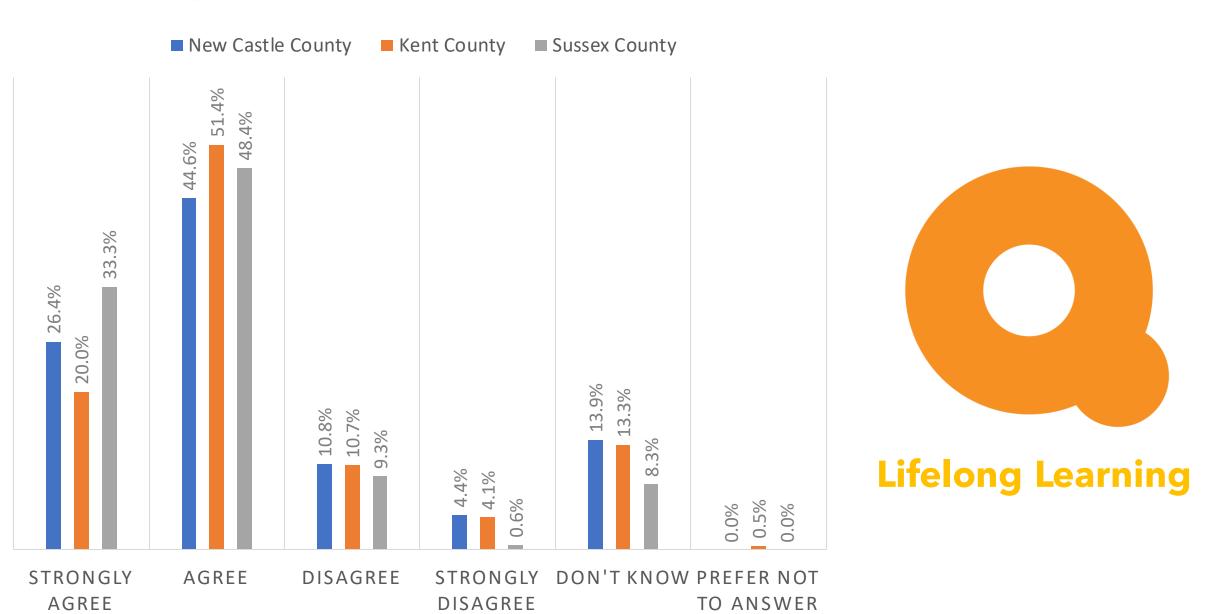


Percentage of Respondents in the Last 12 Months that Worried Food Would Run Out Before They Got Money to Buy More

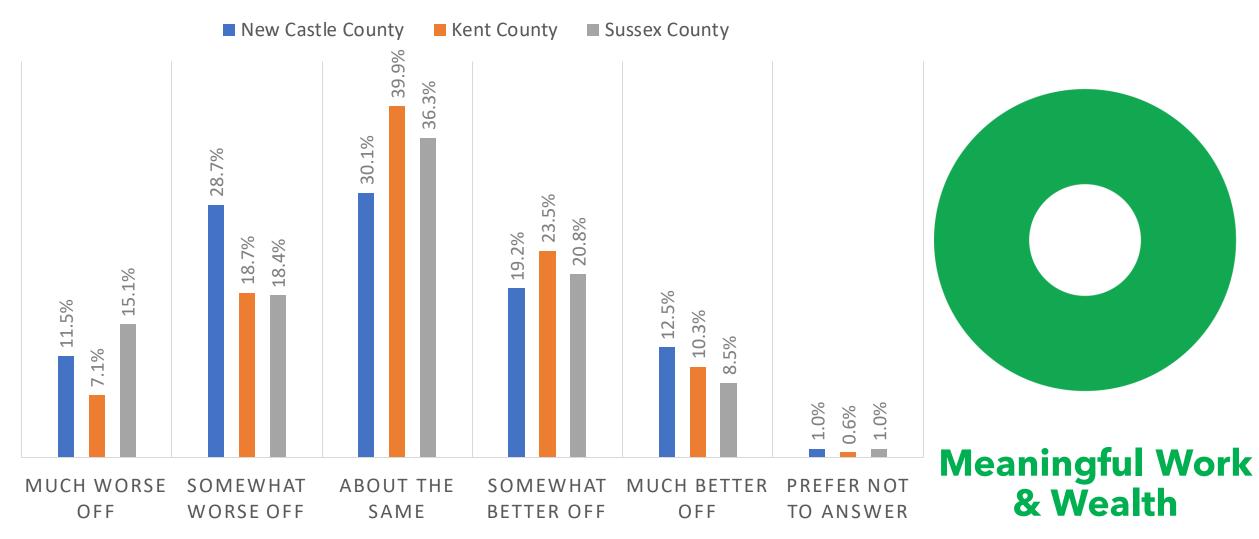


Source: 2022-2023 State Health Needs Assessment Survey

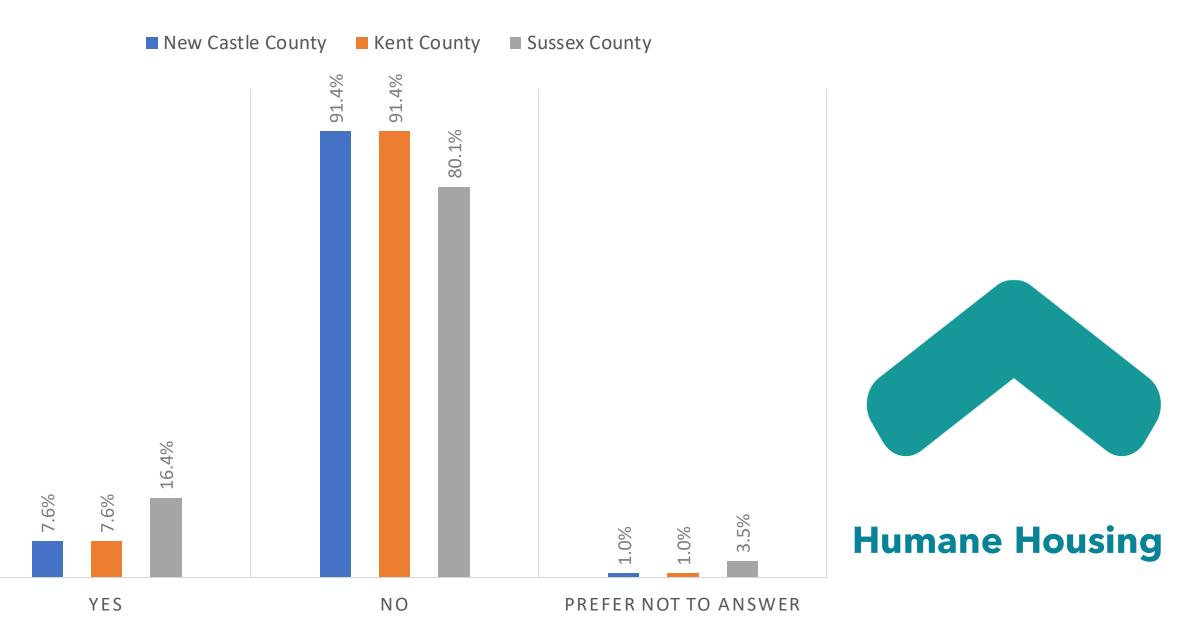
Percentage of Respondents that answered, "I can access high quality K-12 Schools where I live"



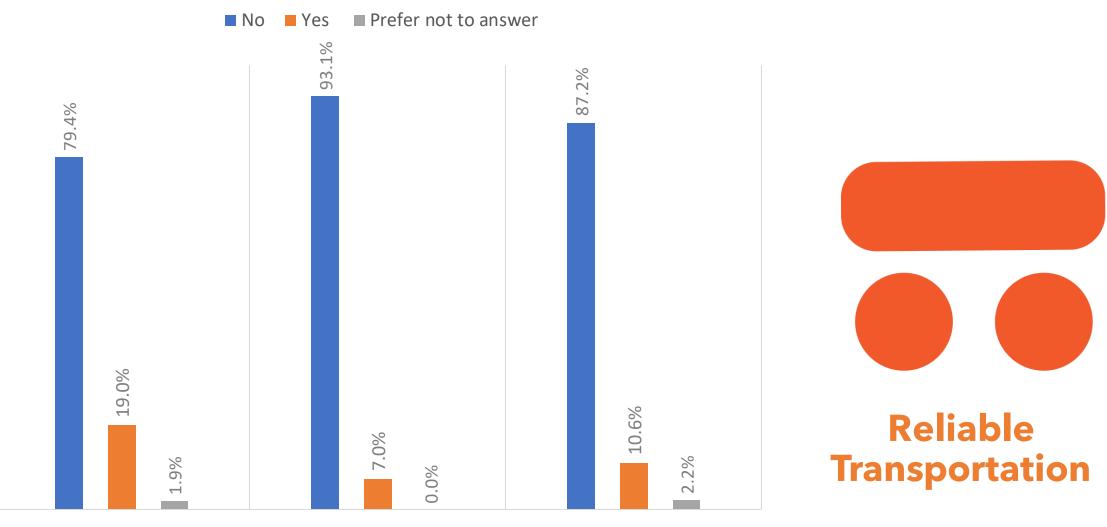
Percentage of people that think they or any family living with them are financially better or worse off these days than they were 12 months ago



Percentage of Participants Worried About Losing Their Homes



Percentage of Participant's in the past 12 months where reliable transportation kept them from medical appointments, meetings, work, or things needed for daily living.

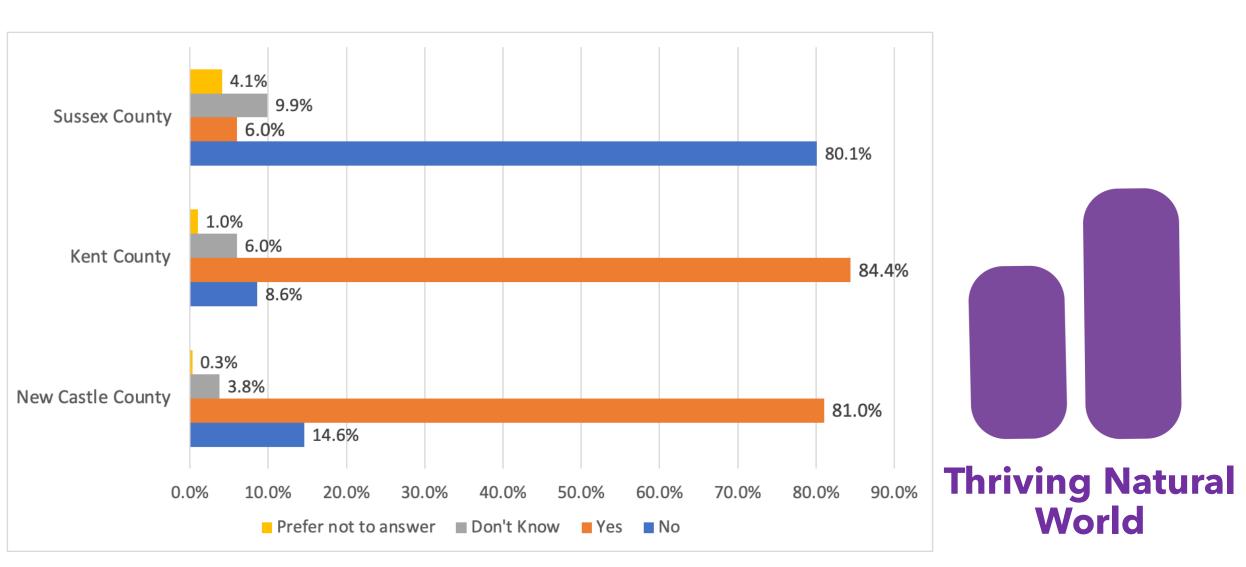


NEW CASTLE COUNTY

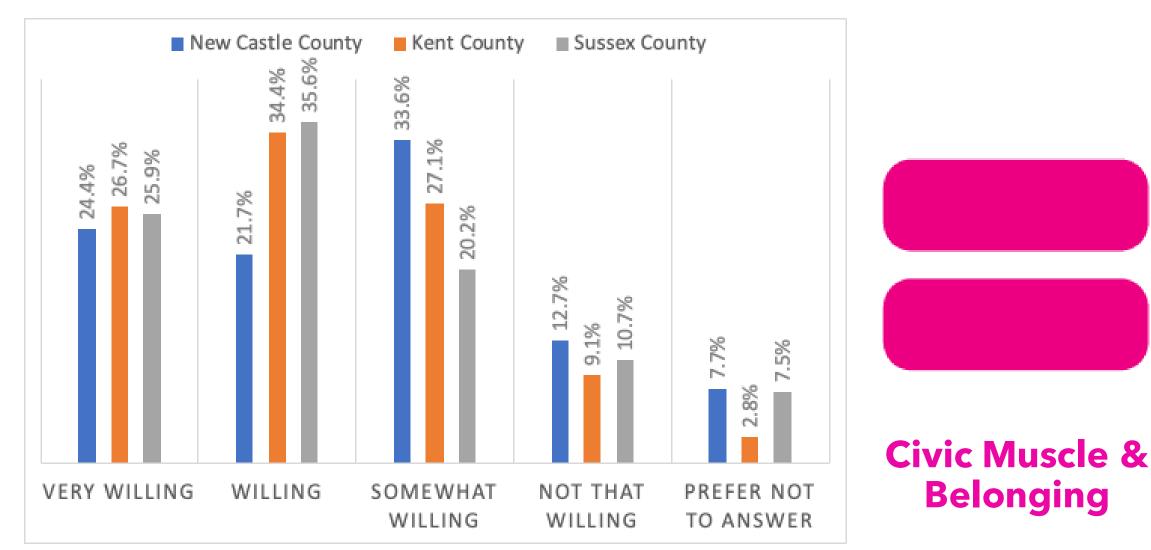
KENT COUNTY

SUSSEX COUNTY

Percentage of participants that felt safe accessing parks and recreation services in their neighborhoods



Percentage of participants willing to become involved in your community by working with others to make things happen



Community Conversations

- New Castle County with Bellevue Community Center
 - March 8, 2023
 - 15 participants
- Kent County with Network Connect
 - March 20, 2023
 - 11 participants
- Sussex County with First State Community Action Agency

Delama

- April 10, 2023, 5:30 pm to 7:00 pm
- TBD



Policy Scan

Bill	Status	Long Title	Synopsis	Vital Condition
House Bill 123	Signed	AN ACT TO AMEND TITLE 14 OF THE DELAWARE CODE RELATING TO FINANCIAL ASSISTANCE FOR HIGHER EDUCATION FOR YOUTH WHO HAVE BEEN IN FOSTER CARE.	• This Act supports children who spent part or all of their teen years in the State's foster care system to access higher education by providing a tuition waiver program to cover the cost of tuition, fees, and (where offered) room and board at a public Delaware college or university.	Lifelong Learning
House Bill 222	Signed	AN ACT TO AMEND TITLE 16 AND TITLE 18 OF THE DELAWARE CODE RELATING TO CHILDHOOD LEAD POISONING PREVENTION.	• This Act simplifies the requirements and process for health-care providers and eliminates confusion that may be causing the low compliance rate for screening or testing.	Basic needs for Health & Safety
House Bill 200	Signed	AN ACT TO AMEND THE DELAWARE CODE RELATING TO CLEAN WATER FOR DELAWARE.	• The Clean Water for Delaware Act establishes a framework for assessing needs and implementing projects that support Delaware's efforts to improve the quality of the State's water supply and waterways.	Thriving Natural World

Health Disparities

Health disparities are **preventable** differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, geographic location, and environment.

Many populations experience health disparities, including people from

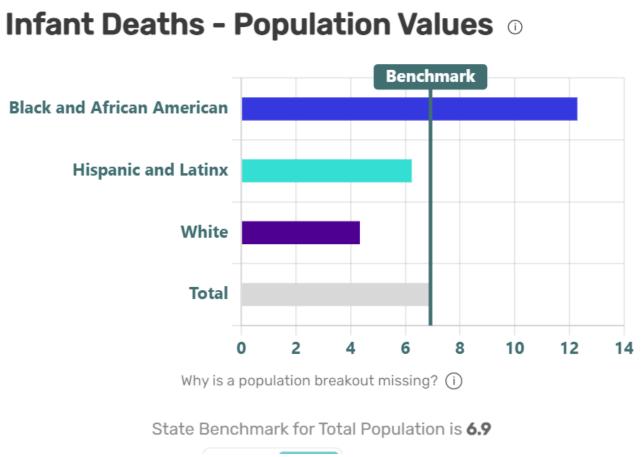
- Racial and ethnic minority groups
- People with disabilities
- People who are LGBTQI+ (lesbian, gay, bisexual, transgender, queer, intersex, or other)
- People with limited English proficiency
- And other groups

Office of Health Equity, Centers for Disease Prevention and Control. Retrieved from https://www.cdc.gov/healthequity/whatis/index.html





Infant Deaths **O** 6.9 This indicator is worse than the national benchmark of 5.8 State National



Data from American community survey 2019

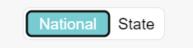


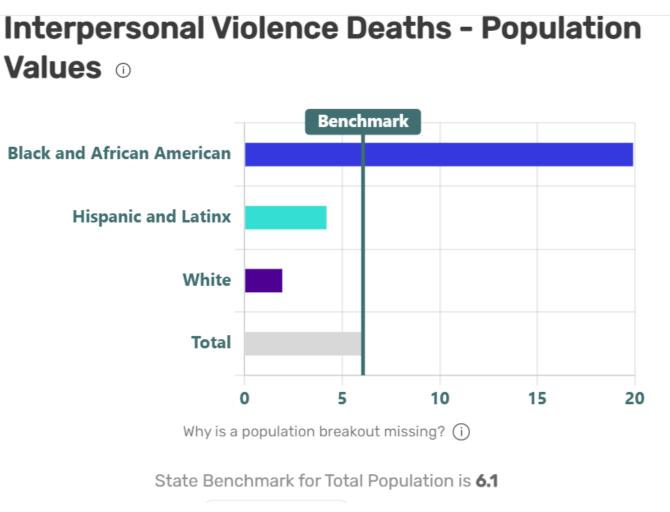
Disparities in Health Outcomes

Interpersonal Violence Deaths 0

This indicator is worse than the national benchmark of 5.9

6.1





Data source: American Communit y survey



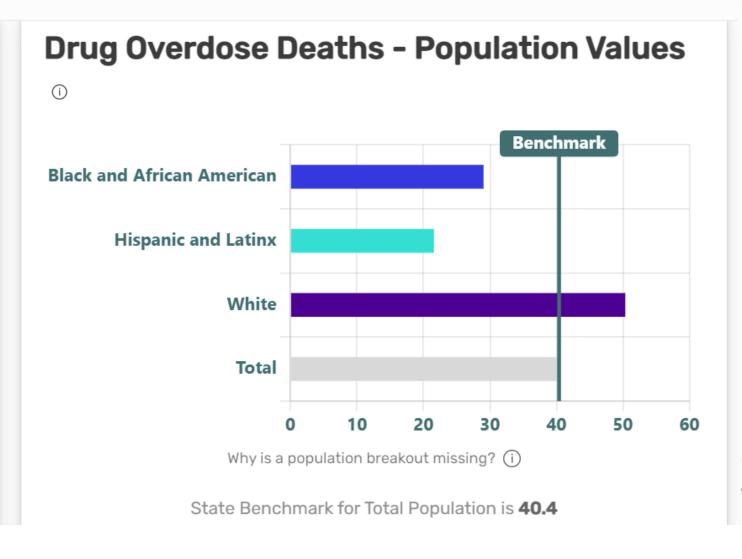
Disparities in Health Outcomes

Drug Overdose Deaths 0

40.4

This indicator is worse than the national benchmark of 21.8

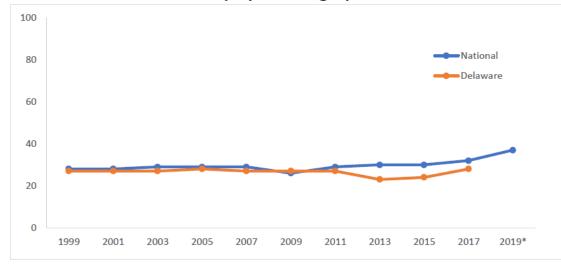




Data source: America commu ity surve

Disparities in Mental Health and Wellness

Youth Risk Behavior Survey National and Delaware High School Students Feeling Sad or Depressed Almost Every Day for Two Weeks, Past Year, 1999-2019



(in percentages)

2021 Delaware School Survey Depression* in the Past Two Weeks by Sex, Race, and Ethnicity among 11th Grade Students (in percentages)

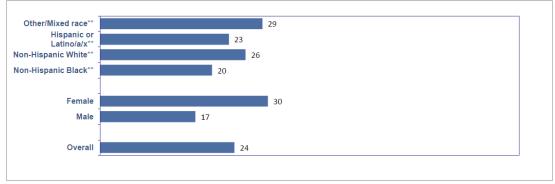


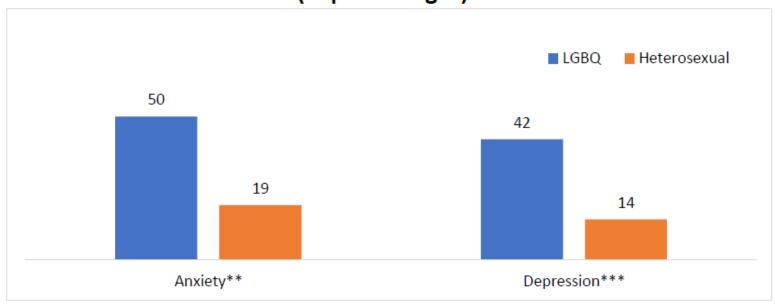
Figure 141: Depression in past two weeks by sex, race and ethnicity, 11th grade

Note: *Depression here is reported as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

**The association between race, ethnicity, and reported feelings of depression was not statistically significant at the p<.05 level.

Source: Center for Drug & Health Studies. (2021). Delaware School Survey: Secondary [Annual Survey]. University of Delaware.

2021 Delaware School Survey Mental Health Among LGBQ Students, 8th Grade (in percentages)



Disparities in Behavioral and Mental Health

Figure 193: Mental health among LGBQ students, 8th grade

Note:

*LGBQ refers to students who reported their sexual orientation as lesbian, gay, bisexual, other, or unsure on the Delaware School Survey.

**Anxiety here is reported as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks.

***Depression here is reported as students who respond that they have been bothered by feeling down, depressed or hopeless on more than half of the days in the past two weeks.

Disparities in Behavioral Health

2020 Delaware Behavioral Risk Factor Surveillance System

Smoking, Alcohol Use, and Mental Health by Disability^a Status among Delaware Adults

(in percentages)

	Adults with Disability	Adults without Disability
Current Smoker	25.2	13.4
Former Smoker	24.2	23.2
Never Smoker	50.6	63.5
Current e-cigarette use	10.4	3.6
Binge drinking in past 30 days	17.6	15.7
Mentally Unhealthy for	34.0	7.4
14+ days in the past 30		
Ever had depression	35.6	10.8
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Figure 154: Disability, smoking status, E-cigarette use, and depression, adults

Notes:

^a Disability is defined in the BRFSS as at least one of the following: serious difficulty hearing; serious difficulty seeing; serious difficulty concentrating, remembering or making decisions due to a physical, mental or emotional condition; serious difficulty walking or climbing stairs; difficulty dressing or bathing; or having difficulty doing errands alone because of a physical, mental, or emotional condition.

Source: 2020 Delaware Behavior Risk Factor Surveillance System. Disability and Health Data System (DHDS), Centers for Disease Control and Prevention.

What causes disparities?



- Vital conditions/Social Determinants of Health are the conditions in the places where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes.
- Long-standing inequities in the key areas of vital conditions/social determinants of health are interrelated and influence a wide range of health and quality-of-life risks and outcomes.
- Examining these layered health and social inequities can help us better understand how to promote health equity and improve health outcomes.



Inequities in Vital Conditions

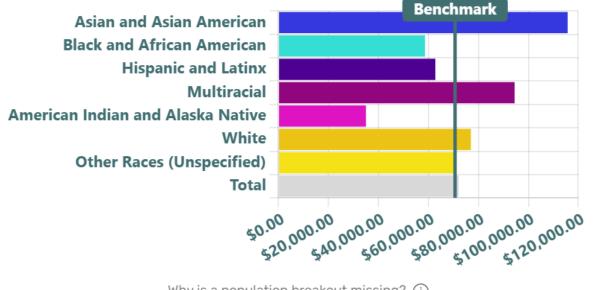
Median Household Income O

\$72,053.00

This indicator is better than the national benchmark of \$69,275.10

State

Median Household Income - Population Values (dollars) 0

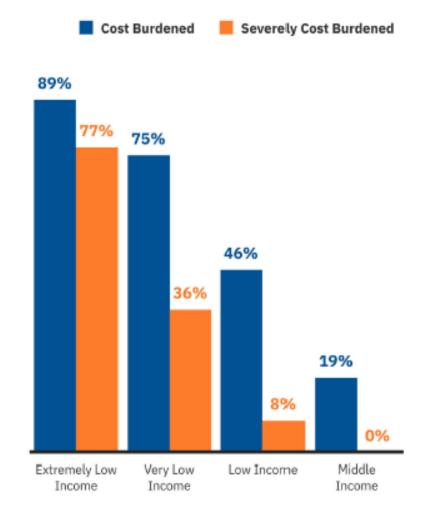


Data Source: American Community survey 2019

Why is a population breakout missing? (i)



HOUSING COST BURDEN BY INCOME GROUP



Inequities in Vital Conditions: Humane Housing

Note: Renter households spending more than 30% of their income on housing costs and utilities are cost burdened; those spending more than half of their income are severely cost burdened.

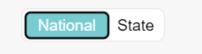
Source: NLIHC tabulations of 2021 ACS PUMS



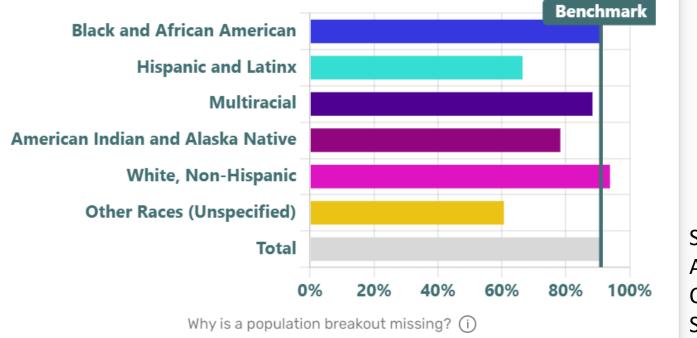
Inequities in Vital Conditions

Adults with a High School Diploma O

91.1% This indicator is better than the national benchmark of 88.8%



Adults with a High School Diploma -Population Values (percent) ()



Source: American Community Survey 2021



Inequities in Vital Conditions

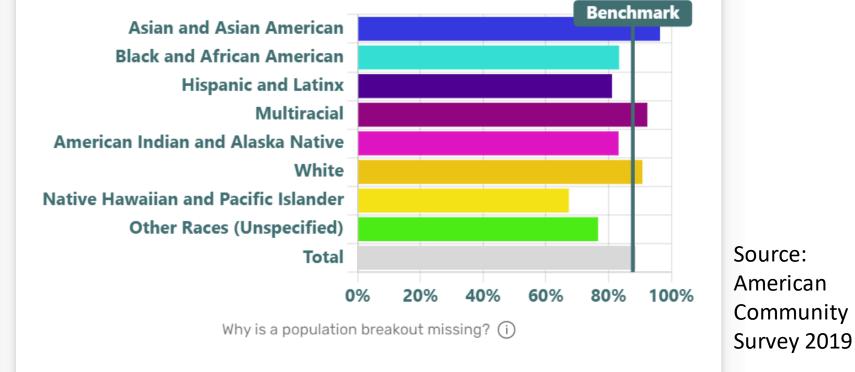
Computer and Internet Access **O**

88.6%

This indicator is better than the national benchmark of 86.3%

National State

Computer and Internet Access - Population Values (percent) 0



State Benchmark for Total Population is 87.8%

Health Equity

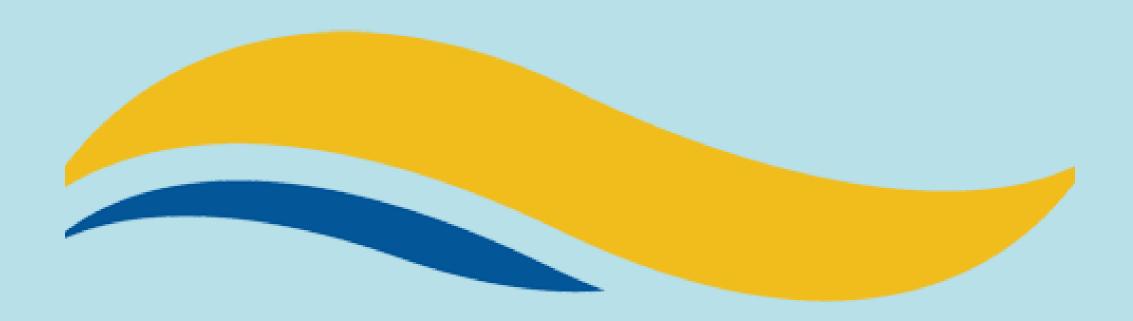
Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to:

- Address historical and contemporary injustices;
- Overcome economic, social, and other obstacles to health and health care; and
- Eliminate preventable health disparities.

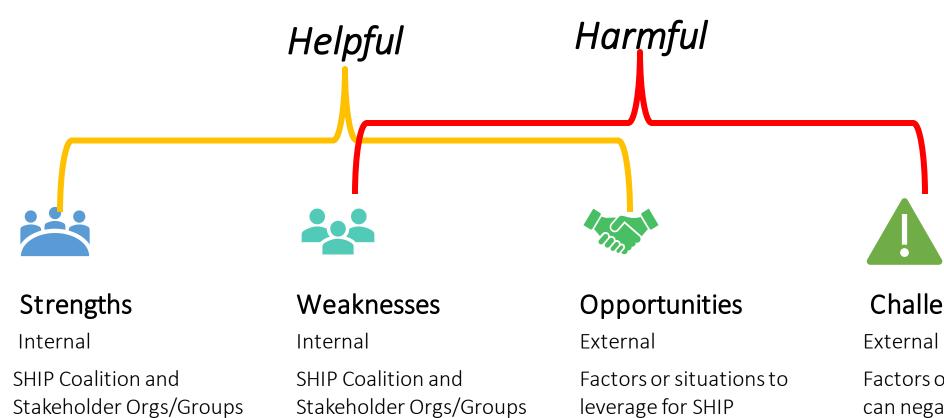
To achieve health equity, we must change **systems and policies** and equitable access to Vital Conditions.

Questions & Answers

Break - 5 minutes



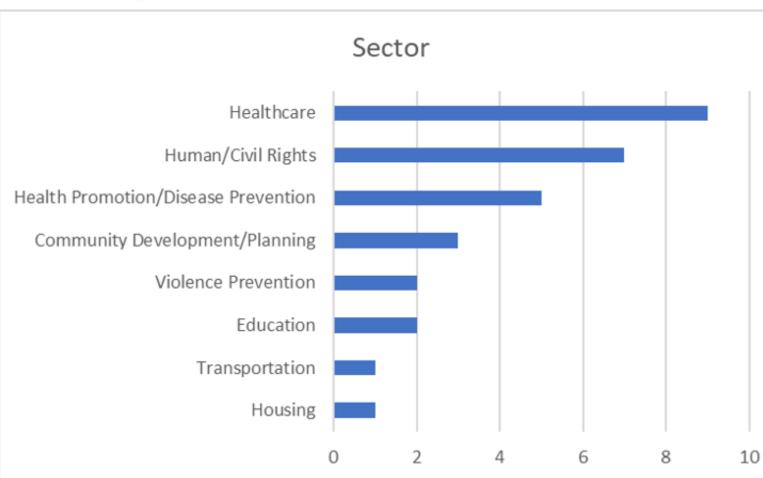
Assessing the Environment to Identify Strengths, Weaknesses, Opportunities and Challenges (S.W.O.C.)



Challenges

Factors or situations that can negatively affect SHIP mission



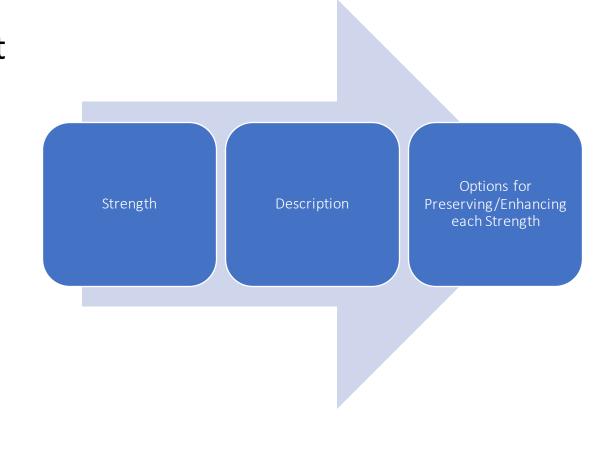


Internal SWOC: Who makes up the Delaware SHIP?

55 unique agencies are participating in the SHIP Coalition

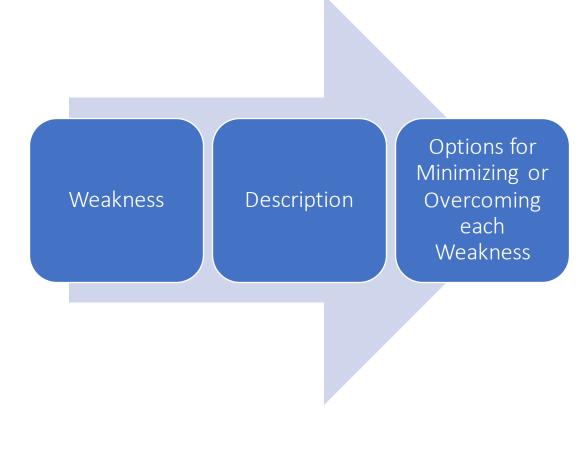
Strengths

- Internal resources or capabilities that help the SHIP Coalition and its participating stakeholder groups accomplish the SHIP mission and create public value
- Examples: effective project management and facilitation, active and diverse membership, efficient communication network, community awareness and engagement



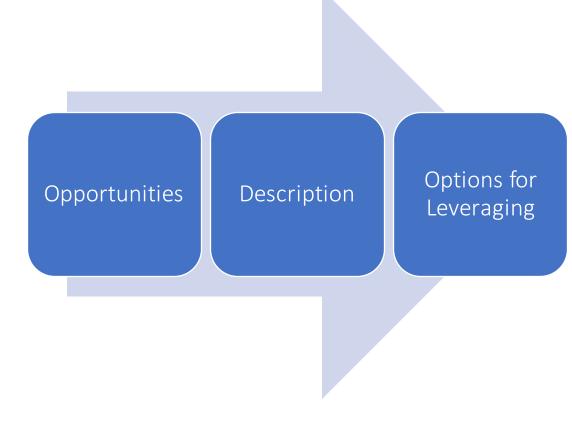
Weaknesses

- Internal deficiencies in resources or capabilities that hinder the SHIP Coalition and its participating stakeholder groups in fulfilling the SHIP mission and creating public value
- Examples: poor internal and external communications, unclear mission or vision, structural misalignments, inadequate resources



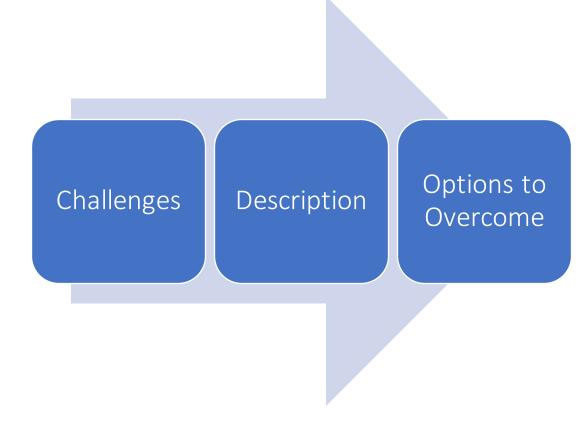
Opportunities

- External factors or situations that the SHIP Coalition and its participating stakeholder groups can take advantage of to better fulfill the SHIP mission
- Examples: increased community power/organizing, new funding sources, new partnerships, new or pending state or federal policy changes or opportunities to modify outdated mandates



Challenges

- Outside factors or situations that can affect the SHIP Coalition and its participating stakeholder groups in a negative way – making it harder to fulfill the SHIP mission
- Examples: political, economic, and social forces, changes in technology, lack of transparency, loss of funding, new unfunded mandates, lack of public support, poor image/reputation



Welcome Back to the Main Room





Our next meeting will be held on

June 1, 2023 11:00 to 1:00 pm Virtually on Zoom



Timeline

June 1 Meeting:

- Themes from data collection
- Major findings
- Draft communications plan
- Public comment period

July/August

 Kickoff development of State Health Improvement Plan based on SHA findings

