Delaware State Health Improvement Plan (SHIP) Partnership Coalition

March 5th, 2024

DelawareSHIP
Charting a course to improve health

Agenda

Introductions and Welcome
What are Multi Solvers?
Delaware SHIP Comparison
Successful Multi Solvers
Health Equity

Today's Main Topic:

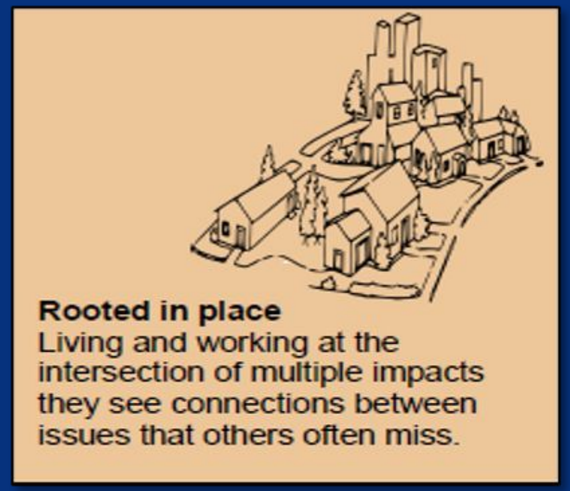
Delaware SHIP Comparison

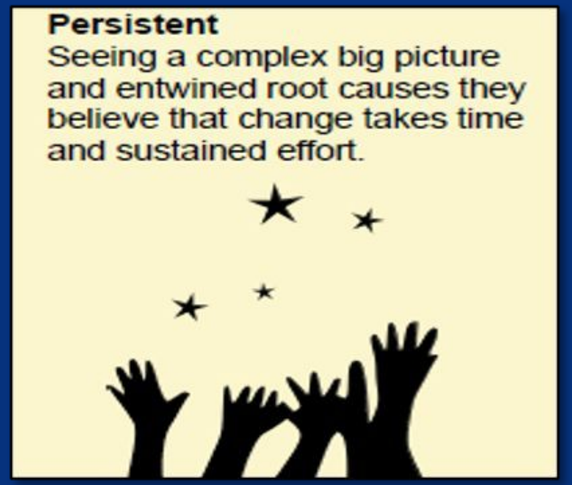
Successful Multisolvers

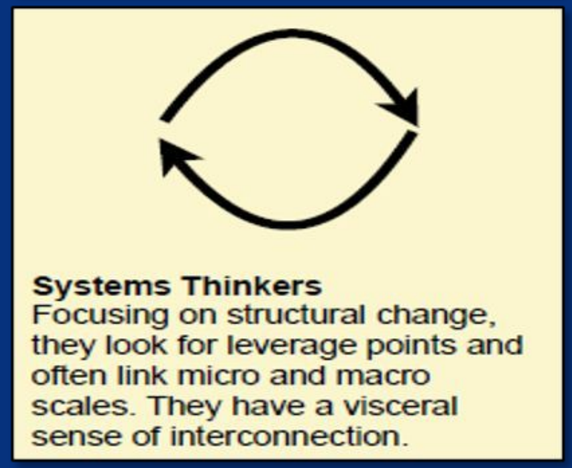
What are Multisolvers?

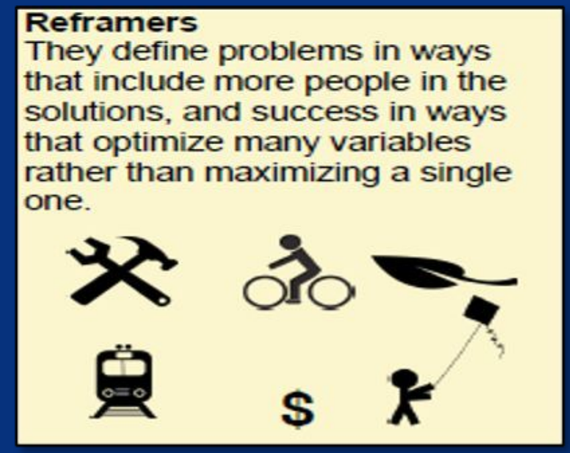
Multisolving is the practice of identifying and advocating for policies and investments that can solve multiple problems, often across sectors.

Multisolvers are...









Benefits of Multisolving Solutions

Co-design solutions guided by the **wisdom of diverse perspectives**

Make the most of **multisector partnerships**

Avoid solving one problem, while **making others worse**

Strengthen support for innovations that are difficult to enact

Combine **short- and long-term strategies**

Introduce a **new way to identify and evaluate** proposed actions

Find higher leverage for **lasting system change**

Break from business-as-usual in a siloed system

Strategies to Enable Multi-solving:

01. Co-design solutions guided by the **wisdom of diverse perspectives**

02. Make the most of **multisector partnerships**

03. Map interventions to avoid solving one problem, while **making others worse**

04. **Strengthen support for innovations** that are difficult to enact

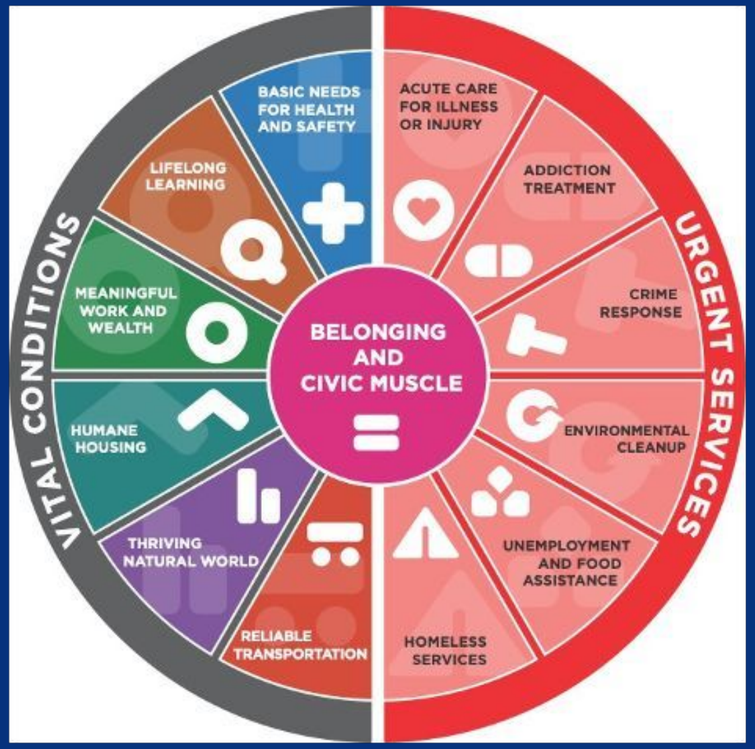
05. Combine **short- and long-term strategies**

06. Introduce a **new way to identify and evaluate** proposed actions

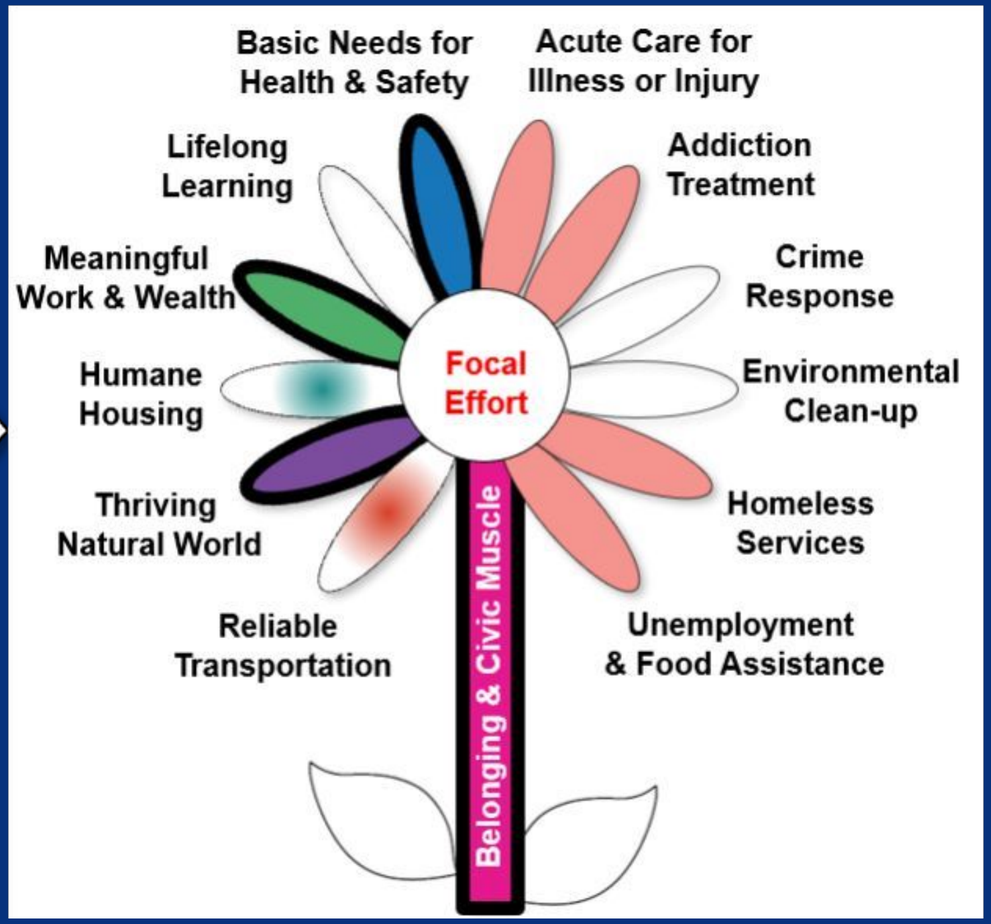
07. **Break from business-as-usual** in a siloed system

08. Find higher leverage for **lasting system change**

Multisolving Tools to Enable Dialogue & Action



Multisolving FLOWER



FLOWER: Framework for Long-Term, Whole-system, Equity-based Reflection

Examples of Vital Conditions Work:

- Affordable housing development
- Home remediation and repair
- Creation of community hub
- Youth activities
- Community beautification, blight reduction
- Vacant lot greening
- Park and playground revitalization
- Community gardens and green space maintenance
- Workforce & small biz development programs
- Bike paths, shelters at public bus stops

How do we use the Vital Conditions and Multi-Solving to Improve Well-being and Equity in Delaware?

Federal Plan: Connections Across Multiple Vital Conditions

A small group of multi-solver **recommendations** has the **potential** to **positively impact multiple** vital conditions through one action.

	BELONGING & CIVIC MUSCLE	THRIVING NATURAL WORLD	BASIC NEEDS FOR HEALTH & SAFETY	HUMANE HOUSING	MEANINGFUL WORK & WEALTH	LIFELONG LEARNING	RELIABLE TRANSPORTATION
Establish a Center of Excellence in Cultivating **Community Well-Being**	●	●	●	●	●	●	●
Increase access to **green and blue spaces**		●	●	●		●	●
Assess and address the effects of **climate change**	●	●	●	●	●		●
Catalyze development of urban **agriculture**, **gardens**, and **markets**	●	●	●		●	●	
Expand access to **broadband**	●	●	●	●	●	●	●
Co-locate high-value services and resources at transportation centers	●		●		●	●	●
Address major drivers of the **benefits cliff effect**	●		●	●	●	●	

Selected Multi-Solving Solutions

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

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

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

Meaningful Work and Wealth: Increase the minimum wage (currently $11.75/hr.) and index to median wage growth.

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.

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.).

Policies, Systems and Environments Work Together

- Policy: Food shelf will provide healthy foods to clients and limit or eliminate unhealthy food donations
- Systems: Food shelf connects with local farmers/farmers market/grocery store to get leftover produce or glean; works with clients to identify types of produce to prioritize
- Environment: Healthy foods are displayed in ways that make them easy to see, appearing, signs are used

Delaware SHIP Comparison

Prioritization Areas of the 2020 Delaware SHIP

Table 1. SHIP Priority Areas and Recommendations, 2018.

Chronic Disease

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

Maternal and Child Health

10. Embed education for pre- and interconception care in schools.

Substance Use Disorders

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

Mental Health

13. Improve access to behavioral and mental health services.

System-wide Recommendations

14. Adopt a policy, systems and environmental change approach, address the social determinants of health, promote health in all policies, and incorporate social marketing.

- The DSHNA identified four areas of priority focus
- Data was gathered with four nationally recognized Mobilizing for Action through Planning and Partnerships (MAPP) assessments:
  - Forces of change
  - Local public health assessment
  - Community themes and strengths
  - Community health status

Strategies that Emerged from the 2020 DE SHIP:

- The 2020 SHIP emphasized upstream approaches, such as policy, systems, and environmental change and addressing the social determinants of health, be integrated system wide
    - PSE approaches aim to produce healthier environments and make healthy lifestyle choices more feasible for all members of the community
- Health in All Policies (HiAP)
    - A collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas
- Incorporate Social Marketing
    - Uses commercial marketing strategies to change behaviors for the social good

Prioritization Areas from the Current SHIP

- The health outcome priority areas were identified during the SHA process within the framework of the vitals conditions of well-being
- The methods through which the identified prioritized areas were chosen included:
  - Environmental scan
  - Policy, Systems, and Environmental Change Mapping
  - Community Survey
  - Community Conversations
  - SHA/SHIP Partnership Coalition

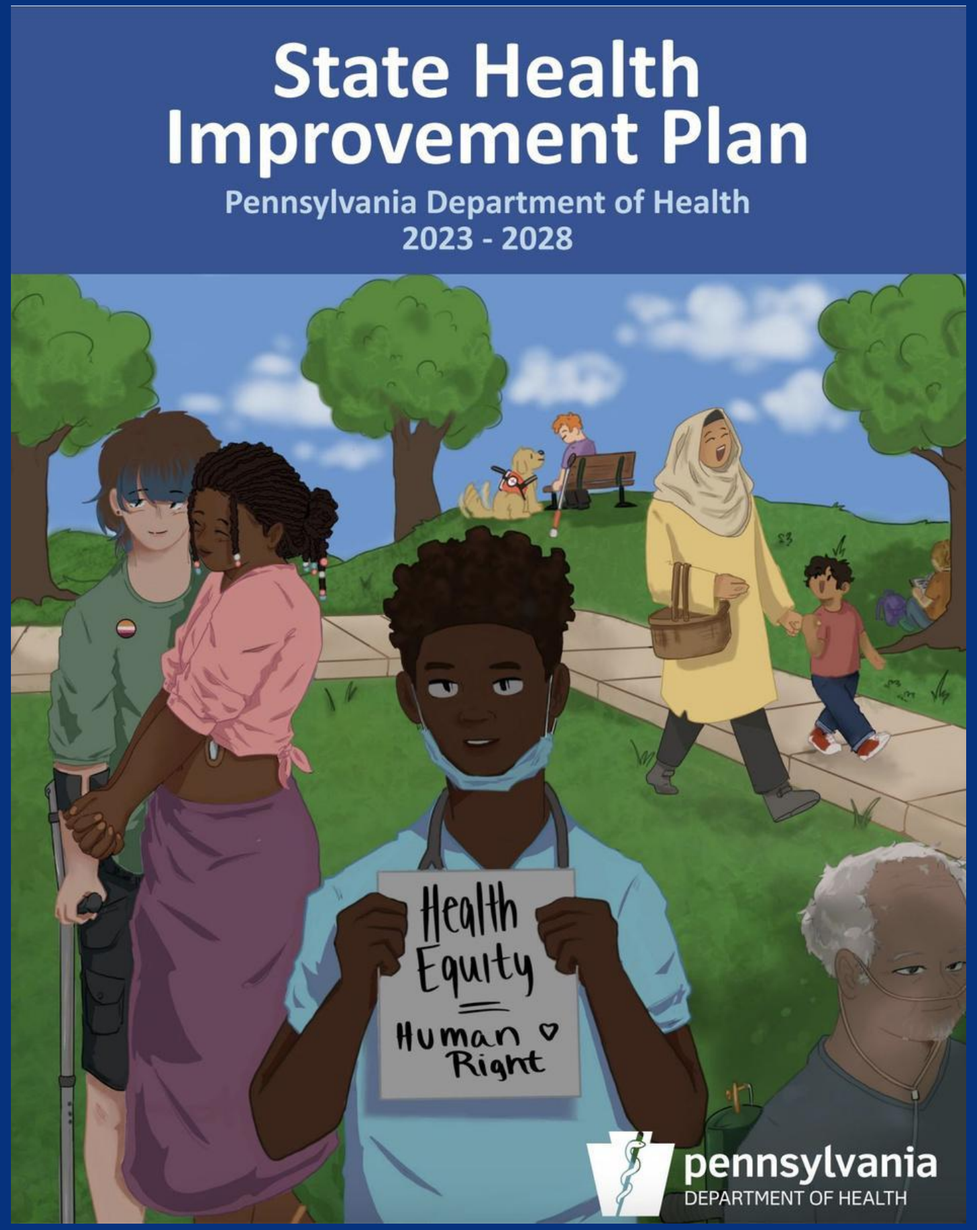
Successful Multisolvers

Pennsylvania SHIP

Focus Areas:

- Health Equity
- Chronic Disease Prevention
- Whole Person Care

Featured strategies, assets, and partners were identified for each objective for successful implementation of initiatives



Focus: Health Equity

Goals & Objectives

- Objective 1.1: Increase financial well-being, food security and safe affordable housing
- Objective 1.2: Increase community safety by reducing the number of violent incidents that occur due to racism, discrimination, or domestic disputes
- Objective 1.3: Improve environmental health, focusing on environmental justice communities

Objective 1.1:

Increase financial well-being, food security and safe affordable housing

Objective 1.1.1	Priority	Baseline (Percent)	Target (Percent)
Decrease the percent of the population living in poverty from 12.1% in 2021 to 9.0% (ACS)[10]	Overall	12.1	9.0
	Black	24.8	9.0
	Hispanic	22.5	9.0
	Less than high school education	25.1	9.0

Objective 1.1.2	Priority	Baseline (Count)	Target (Count)
Reduce the number of people experiencing homelessness from 13,375 in 2020 to 12,037 (Housing and Urban Development data)[21]	Overall	13,375	12,037
	Black	6,793	6,114
	Severely mentally ill	3,212	2,891
	Chronic substance use	2,393	2,158

Objective 1.1.3	Priority	Baseline (Percent)	Target (Percent)
Reduce the percent of the population spending 30% or more of their income on rent by from 47% in 2021 to 42% (CHR)[2]	Overall	47.0	42.0
	Centre	58.0	42.0
	Pike	57.0	42.0
	Lawrence	52.0	42.0
	Philadelphia	52.0	42.0
	Monroe	52.0	42.0

Objective 1.1.4	Priority	Baseline (Percent)	Target (Percent)
Reduce food insecurity from 8.9% in 2020 to 6.3% (Map the Meal Gap)[22]	Overall	8.9	6.3
	Black	22.0	6.3
	Hispanic	21.0	6.3
	Age<18	13.1	6.3

Pennsylvania State Health Improvement Plan. (2023).

Objective 1.2: Increase community safety by reducing the number of violent incidences that occur due to racism, discrimination, or domestic disputes

Objective 1.2.1	Priority	Baseline (age adjusted rate per 100,000)	Target (age adjusted rate per 100,000)
Reduce the number of homicides from 8.3/100,000 in 2020 to 7.5/100,000 (Death certificates)[4]	Overall	8.3	7.5
	Black	39.4	7.5
	Males	14	7.5
	Age 15-34	18.4	7.5

Objective 1.2.2	Priority	Baseline (Count)	Target (Count)
Decrease the total reports of need for older adult protective services received due to caregiver or self-neglect from 58.3% to 53.3% (PA Department of Aging) [23]	Overall	58.3	53.3

Pennsylvania State Health Improvement Plan. (2023).

Objective 1.3: Improve environmental health, focusing on environmental justice communities

Objective 1.3.1	Priority	Baseline (percent)	Target (percent)
Increase population living in counties meeting the National Ambient Air Quality Standard (NAAQS) for PM 2.5 from 61.2% in 2019 to 66.0% (DEP/EPA via EDDIE)[25]	Overall	61.2	66.0
Objective 1.3.2	**Priority**	**Baseline (Count)**	**Target (Count)**
Reduce number of heat-related hospitalizations from 206 in 2020 to 185 (Pennsylvania Environmental Public Health Tracking Program)	Overall	206	185
Objective 1.3.3	**Priority**	**Baseline (Count)**	**Target (Count)**
Increase the number of 0-71-month-olds tested for lead from 148,432 in 2020 to 163,275 (Childhood Lead Surveillance Report)[26]	Overall	148,432	163,275

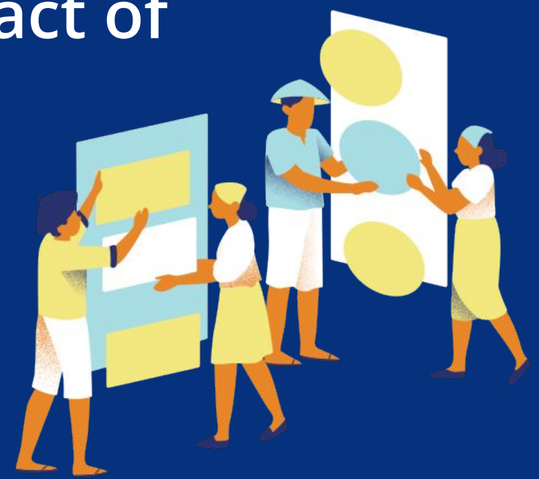
Pennsylvania State Health Improvement Plan. (2023).

Focus: Chronic Disease Prevention

Goals & Objectives

- Objective 2.1: Increase the population at a healthy weight through increasing availability and accessibility of physical activity and affordable nutritious food

- Objective 2.2: Reduce the impact of tobacco and nicotine use



Objective 2.1:

Objective 2.1.1	Priority	Baseline (Percent)	Target (Percent)
Increase the percentage of adult who participated in 150 minutes (or vigorous equivalent) of physical activity per week from 51% in 2019 to 56% (BRFSS)[11]	Overall	51	56
	Black, non-Hispanic	44	56
	Hispanic	44	56
	Less than high school education	41	56

Objective 2.1.2	Priority	Baseline (Percent)	Target (Percent)
Increase the percent of high school students who participate in at least 60 minutes of physical activity on at least 1 day during a week from 87.4% in 2019 to 90.5% (YRBS).[6]	Overall	87.4	90.5
	Black	75.5	90.5
	Hispanic	80.7	90.5
	Asian/PI	81.1	90.5
	Lesbian, gay or bisexual	78.3	90.5

Objective 2.1.3	Priority	Baseline (Percent)	Target (Percent)
Increase the percentage adults who consume at least five servings of fruits and/or vegetables every day from 14% in 2021 to 18% (BRFSS)[11]	Overall	14	18

Objective 2.1.4	Priority	Baseline (Percent)	Target (Percent)
Increase the percent of high school students who eat vegetables during a week from 92.1% in 2019 to 94.6% (YRBS)[6]	Overall	92.1	94.6
	Black	81.9	94.6

Objective 2.1.5	Priority	Baseline (Percent)	Target (Percent)
Reduce adult obesity from 33% in 2021 to 28% (BRFSS)[11]	Overall	33	28
	Black, non-Hispanic	45	28

Objective 2.1.6	Priority	Baseline (Percent)	Target (Percent)
Reduce childhood obesity from 18.1% in 2017-2018 to 14.4% (Growth Screening Index)[27]	Overall	18.1	14.4

Pennsylvania State Health Improvement Plan. (2023).

Increase community safety by reducing the number of violent incidences that occur due to racism, discrimination, or domestic disputes

Objective 2.2: Reduce the impact of tobacco and nicotine use

Objective 2.2.1	Priority	Baseline (Percent)	Target (Percent)
Reduce current tobacco use (smokes every day or some days) among adults from 14% in 2021 to 11% (BRFSS)[11]	Overall	14	11
	Black, non-Hispanic	16	11
	Age 30-44	18	11
	Age 45-64	18	11
	Less than high school education	24	11
	Income <15k	27	11
	Income 15k-25k	24	11

Objective 2.2.2	Priority	Baseline (Percent)	Target (Percent)
Reduce current vaping among high school students from 24.4% in 2019 to 20.2% (YRBS)[6]	Overall	24.4	20.2

Pennsylvania State Health Improvement Plan. (2023).

Focus: Whole Person Care

Goals & Objectives

- Objective 3.1: Increase access to medical and oral health care
- Objective 3.2: Improve mental health and substance use outcomes through improved mental health services, trauma informed trainings, and substance abuse
- Objective 3.3: Improve health outcomes through improved chronic diseases management
- Objective 3.4: Improve maternal and infant health outcomes by improving prenatal, perinatal and postnatal care

Objective 3.1: Increase access to medical and oral health care

Objective 3.1.1	Priority	Baseline (Percent)	Target (Percent)
Reduce the number of people who do not have a personal health care provider from 11% in 2021 to 8% (BRFSS)[11]	Overall	11	8
	Males	15	8
	Hispanic	21	8
	Asian, non-Hispanic	21	8
	Less than high school education	17	8
	Age 18-29	21	8
	Age 30-44	17	8
	Lesbian, gay or bisexual	13	8
	No primary source of health insurance	52	8

Objective 3.1.2	Priority	Baseline (Percent)	Target (Percent)
Increase people who visited a dentist in the last year from 68% in 2020 to 73% (BRFSS)[11]	Overall	68	73
	Less than high school	47	73
	Income <15k	46	73
	Income 15k-25k	54	73
	Black, non-Hispanic	58	73
	No Health Insurance	46	73

Pennsylvania State Health Improvement Plan. (2023).

Objective 3.2:

Objective 3.2.1	Priority	Baseline (Percent)	Target (Percent)
Decrease adults who report their mental health not good for 14 or more days in the past month from 14% in 2021 to 11% (BRFSS)[11]	Overall	14	11
	Black, non-Hispanic	16	11
	Hispanic	17	11
	Age 18-29	21	11
	Age 30-44	17	11
	Less than high school	17	11
	Income <15k	27	11
	Income 15k-25k	23	11
	Lesbian, gay or bisexual	35	11

Objective 3.2.2	Priority	Baseline (age-adjusted rate per 100,000)	Target (age-adjusted rate per 100,000)
Reduce suicide rates from 14.0/100,000 in 2019 to 10.7/100,000 (Death certificate)[4]	Overall	14.0	10.7

Objective 3.2.3	Priority	Baseline (Percent)	Target (Percent)
Decrease high school students who felt sad or hopeless from 34.5% in 2019 to 29.8% (YRBS)[6]	Overall	34.5	29.8
	Hispanic	41.9	29.8
	Male	45.1	29.8
	Lesbian, gay or bisexual	62	29.8

Objective 3.2.4	Priority	Baseline (Rate per 10,000)	Target (Rate per 10,000)
Reduce drug overdose deaths from 4.2/10,000 in 2021 to 3.8/10,000 (Pennsylvania Drug Overdose Surveillance Interactive Data Report)[31]	Overall	4.2	3.8
	Black	6.9	3.8
	Age 35-44	9.6	3.8
	Males	6	3.8
	Montour	11	3.8
	Philadelphia	8.1	3.8
	Cambria	7.3	3.8
	Fayette	6.3	3.8
	Lawrence	6.2	3.8
	Luzerne	6.1	3.8
	Allegheny	5.9	3.8
	Mercer	5.8	3.8
	Carbon	5.8	3.8
	Armstrong	5.3	3.8
	Lackawanna	5.1	3.8
	Lehigh	5	3.8
	Washington	4.8	3.8
	Westmoreland	4.7	3.8
	Tioga	4.7	3.8

Objective 3.2.5	Priority	Baseline (Provider to population ratio)	Target (Provider to population ratio)
Increase mental health provider to population ratio from 420:1 in 2021 to 378:1 (CHR)[33]	Overall	420:1	378:1
	Juniata	6,155:1	378:1
	Sullivan	5,913:1	378:1
	Cameron	4,330:1	378:1
	Potter	4,113:1	378:1
	Perry	2,718:1	378:1
	Forest	2,322:1	378:1
	Northumberland	2,149:1	378:1
	Fulton	2,072:1	378:1
	Wyoming	1,562:1	378:1
	Snyder	1,493:1	378:1

Pennsylvania State Health Improvement Plan. (2023).

Improve mental health and substance use outcomes through improved mental health services, trauma informed trainings, and substance abuse

Objective 3.3: Improve health outcomes through improved chronic diseases management

Objective 3.3.1	Priority	Baseline (age adjusted rate per 100,000)	Target (age adjusted rate per 100,000)
Decrease heart disease related hospitalizations from 926.8/100,000 in 2019 to 543.5/100,000 (PHC4)[12]	Overall	926.8	543.5
	Age >55	3397.8	543.5
	Black	1332.9	543.5
	Philadelphia	1157.8	543.5
	Blair	1138.3	543.5
	Schuylkill	1111.7	543.5
	Cambria	1109.2	543.5
	Fayette	1104.6	543.5
	Bradford	1103.6	543.5
	Carbon	1067.6	543.5
	Mercer	1063.1	543.5
	Clearfield	1057.4	543.5
	Cameron	1052.8	543.5
	Westmoreland	1051.9	543.5
	Northampton	1036	543.5
	Jefferson	1029.1	543.5
	Huntingdon	1,026.5	543.5

*2019 data was used as a baseline because COVID-19 has affected hospitalization patterns in 2020.

Objective 3.3.2	Priority	Baseline (age adjusted rate per 100,000)	Target (age adjusted rate per 100,000)
Reduce the overall cancer death rate from 152.7/100,000 in 2019 to 140.95/100,000 (Death certificate)[4]	Overall	152.7	140.9
	Age >60	722.2	140.9
	Black	173.9	140.9
	Sullivan	221	140.9
	Potter	202.2	140.9
	Mifflin	201.8	140.9
	Schuylkill	193.7	140.9
	Greene	191.2	140.9
	Perry	191.2	140.9
	Elk	183.6	140.9
	Lycoming	178.2	140.9
	Washington	175	140.9
	Forest	174	140.9
	Northumberland	173.2	140.9
	Fayette	172.5	140.9
	Tioga	171.5	140.9
	Jefferson	168.9	140.9

*2019 data was used as a baseline because COVID-19 has affected hospitalization patterns in 2020.

Objective 3.3.3	Priority	Baseline (age adjusted rate per 100,000)	Target (age adjusted rate per 100,000)
Decrease diabetes related hospitalizations from 197.7/100,000 in 2019 to 180.0/100,000 (PHC4)[12]	Overall	197.7	180
	Age >50	392.3	180
	Black	442.6	180
	Philadelphia	331.4	180
	Venango	325	180
	Fayette	281.2	180
	Schuylkill	271.5	180
	Mercer	256	180
	Luzerne	243.4	180
	Dauphin	240.3	180
	Northampton	235.9	180
	Monroe	234.1	180
	Lawrence	231.4	180
	Beaver	228.8	180
	Fulton	228.4	180
	Carbon	219.3	180
	Northumberland	218.7	180

*2019 data was used as a baseline because COVID-19 has affected hospitalization patterns in 2020.

Objective 3.3.4	Priority	Baseline (age adjusted rate per 100,000)	Target (age adjusted rate per 100,000)
Decrease COPD related hospitalization from 136.9/100,000 in 2019 to 69.0/100,000 (PHC4)[12]	Overall	136.9	69.0
	Age>55	473.0	69.0
	Black	243.6	69.0
	McKean	386.5	69.0
	Cameron	352.0	69.0
	Potter	279.4	69.0
	Elk	246.1	69.0
	Philadelphia	231.5	69.0
	Bradford	231.1	69.0
	Fayette	218.1	69.0
	Susquehanna	200.2	69.0
	Clearfield	191.6	69.0
	Greene	191.6	69.0
	Mercer	176.5	69.0
	Monroe	170.7	69.0
	Blair	167.0	69.0
	Huntingdon	165.2	69.0

*2019 data was used as a baseline because COVID-19 has affected hospitalization patterns in 2020.

Objective 3.3.5	Priority	Baseline (age adjusted rate per 100,000)	Target (age adjusted rate per 100,000)
Decrease Alzheimer's related hospitalization from 7.3/100,000 in 2019 to 2.5/100,000 (PHC4)[12]	Overall	7.3	2.5
	Age>65	54.4	2.5
	Hispanic	9	2.5
	Jefferson	48.7	2.5
	Clearfield	31.7	2.5
	Somerset	31	2.5
	Cambria	17.5	2.5
	Monroe	13.1	2.5
	York	12.5	2.5
	Northampton	12.2	2.5
	Lehigh	11.6	2.5
	Bucks	11.2	2.5
	Schuylkill	9	2.5

*2019 data was used as a baseline because COVID-19 has affected hospitalization patterns in 2020.

Objective 3.4: Improve maternal and infant health outcomes by improving prenatal, perinatal and postnatal care

Objective 3.4.1	Priority	Baseline (Percent)	Target (Percent)
Reduce the rate of infant mortality from 5.6/1,000 in 2020 to 4.0/1,000 (Death certificate)[4]	Overall	5.6	4.0
	Black	10.9	4.0

Objective 3.4.2	Priority	Baseline (rate per 1000)	Target (rate per 1000)
Reduce severe maternal morbidity from 92.4/10,000 in 2020 to 83.2/100,000 (HCUP)[35]	Overall	92.4	83.2
	Black	148	83.2
	Hispanic	103	83.2
	Age 35-55	137.6	83.2

Pennsylvania State Health Improvement Plan. (2023).

Connecticut SHIP

Prioritized Six SHIP-wide Key Impact Measures:

Measures

- OBESITY
- SUICIDE
- DRUG OVERDOSE & SUBSTANCE MISUSE DISORDERS
- DOMESTIC VIOLENCE/ SEXUAL VIOLENCE
- PERCENT INSURED
- EMERGENCY (ER) VISITS

Strategies for implementation were created for each priority area

Priority Area A: Access to Health Care

Goal: “Ensure all Connecticut residents have knowledge of, and equitable access to, affordable, comprehensive, appropriate, quality health care.”

A1. Increase the number of traditionals and alternative (community- and technology-based) places can access health care by 2025.

A2. Increase adoption of accepted best practices and standards of care among clinical health care providers by 2025.

A3. Increase adoption of accepted best practices and standards of care among community health preventive care providers by 2025.

A4. Develop a comprehensive, across-the lifespan, statewide health education framework by 2025.

A5: Increase the availability and diversity of primary care providers, community partners, and care management services by 2025, while respecting patients’ rights to privacy and choice.

A6: Decrease the number of CT residents who are at risk of spending more than 10% of their net income on health care services and coverage by 2025.

Priority Area B: Economic Stability

Goal: “Achieve equitable economic well being, stability, and security so all Connecticut residents have the opportunity to work here, and can afford to live, stay, and retire here.”

B1: Increase the percentage of all CT residents who can meet their living expenses and have the ability to contribute at least 10% of their earnings towards savings by 2025.

B2: Increase the amount of capital investment in communities and local businesses to support workforce development, community development, and entrepreneurship by 2025.

B3: Increase the number of employers who invest in employee retention and wellness programs/policies that support the continuity of their work by 2025.

B4: Increase the number of opportunities for children, young adults, adults, and retirees/older adults for equitable, affordable education on career development and personal finance by 2025.

B5: Increase the number of employers across sectors that offer equitable and sustainable employment opportunities for all levels and demographics by 2025.

Priority Area C: Healthy Food and Housing

Goal: "Ensure that all Connecticut residents have equitable access to safe and affordable:

- **Nutritious & culturally appropriate food**
- **Fair, stable, healthy housing"**

C1: Increase the utilization of available housing and food programs by eligible residents by 2025.

C2: Increase the number of access points where people can obtain affordable, healthy, and nutritious food by 2025.

C3: Decrease the number of persons experiencing or at risk of homelessness and increase opportunities to obtain affordable and sustainable housing by 2025.

C4: Adopt and begin to implement a Connecticut property maintenance code that includes a statewide definition for safe and quality housing by 2025.

C5: Increase the percentage of owner-occupied housing in CT by 2025.

Priority Area D: Community Strength & Resilience

Goal: “Sure community strength, safety, and resiliency by providing equitable and sustainable access to community resources to address the unique physical, social, and behavioral health needs of all Connecticut residents.”

D1: Increase the number of community members who have the critical, essential resources to meet emergencies by 2025.

D2: Increase the capacity of first responders, public health departments, and municipal service and community-based providers to deliver barrier-free, timely, trauma informed, and transparent aid to the public by 2025.

D3: Increase the number of residents who have access to safe, affordable, and accessible technology, including internet-based public health and emergency information, by 2025

D4: Align existing multi-sector communication networks to provide a central point for accessing information statewide by 2025.

D5: Increase the number of safe methods, spaces, and places for connecting residents to community life to measurably strengthen social capital by 2025

Moving Delaware Forward: From Equity Awareness to Action

April 18th and 19th 2024

Delaware Journal of Public Health

Topic: Violence

Deadline:

Friday, April 19th, 2024 @ 11:59 pm

Discussion

Thank you!

For more information or inquiries:

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