At A Glance: Priority Health Outcomes

Chronic Disease

The 2025-2028 Delaware State Health Improvement Plan (SHIP) utilized health disparities identified in the 2022-2023 Delaware State Health Assessment (SHA) to determine five key health priorities throughout the state. The five priorities include chronic disease, mental health, maternal health, premature death, and avoidable injury. Chronic conditions such as diabetes, heart disease, hypertension, and asthma continue to affect thousands of Delaware residents each year, contributing to avoidable illness, reduced quality of life, and persistent health disparities across demographic groups and geographic regions. The SHIP breaks down the chronic disease priority into goals surrounding chronic disease management, smoking use, and preventive screenings. This edition of the *At A Glance* series aims to understand the status of chronic disease across Delaware, following a conversation with Shebra Hall, Chief of the Bureau of Chronic Disease at the Delaware Division of Public Health (DPH).

Delaware continues to advance chronic disease prevention through evidence-based programs led by the Bureau of Chronic Disease. Initiatives such as the National Diabetes Prevention Program (NDPP) and Diabetes Self-Management Education have improved weight management and blood sugar control, demonstrating the effectiveness of structured, long-term prevention strategies. However, chronic disease remains a major challenge. In 2023, Delaware ranked in the lower third nationally for physical activity, and nearly one-third of adults in the state reported no leisure-time exercise (Centers for Disease Control and Prevention [CDC], 2023). Racial and ethnic disparities persist, with Black and Hispanic communities experiencing higher rates of obesity, diabetes, and hypertension (Delaware Division of Public Health [DPH], 2024). Vital conditions, including food insecurity, limited transportation, and reduced access to care in rural areas, continue to influence outcomes and contribute to inequities. Additionally, in 2023, the rate of asthma in Delaware was around 11%, which is similar to the national average rate of asthma (10%) (America's Health Rankings [AHR], 2023). Hall confirms how asthma prevention and management have gained new support following Delaware's first CDC asthma-specific funding. The Bureau of

Chronic Disease has a partnership with the American Lung Association, and together they have increased access to asthma self-management education (ASME) in schools and community settings and expanded community health worker initiatives to strengthen education and improve coordination through the Delaware Asthma Consortium and a variety of stakeholders.

Structural barriers, including transportation challenges, health care workforce shortages, financial constraints, limited digital access, and language barriers, continue to hinder effective chronic disease prevention and management. Hall discusses how these issues particularly affect our Delaware communities, including older adults, low-income households, and immigrants. Despite these challenges, Delaware benefits from strong public health partnerships. The National Diabetes Prevention Program is a partnership of organizations that support the delivery of an evidence-based lifestyle change program that has been proven to reduce the risk of developing type 2 diabetes by 58% in those with prediabetes (American Diabetes Association). Programs like the Healthy Heart Ambassador Blood Pressure Monitoring Program have demonstrated measurable clinical improvements (Belinske, 2026). Health data platforms such as Healthy Delaware enhance transparency and guide resource allocation. Increasingly, health care providers are integrating screenings for food insecurity and other social needs into routine visits, linking patients with community resources.

Reducing stigma around chronic disease is becoming a more prominent focus, confirms Hall. Public health campaigns by trusted organizations have begun to normalize discussions about conditions like diabetes and hypertension, though stigma remains a barrier to participation in prevention programs. Culturally responsive and equitable outreach remains essential to Delaware's chronic disease strategy. Hall describes how the state uses disaggregated data to identify high-need ZIP codes and populations, while community health workers and partner organizations provide linguistically and culturally appropriate education. Contracted partner Quality Insights and other key stakeholders support clinics in identifying gaps and improving hypertension control.

Hall recommends that future chronic disease initiatives focus on strengthening upstream prevention through cross-sector collaboration. Priorities include expanding telehealth, integrating chronic disease and behavioral health services, and ensuring that all communities have access to preventive resources regardless of language, income, or geography. Long-term progress will require continued partnerships across health care, education, community organizations, and policy sectors. By prioritizing equity and investing in community-based prevention, Delaware can continue improving chronic disease outcomes and overall population health.

References

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Delaware SHIP Stakeholder Interview with Dr. Alexandra Wynn, Elena Lynn, and Shebra Hall, Chief, Bureau of Chronic Disease at Delaware Division of Public Health

Q: Please introduce yourself. What is your position, and how long have you worked there?

Shebra Hall: I serve as the Chief of the Bureau of Chronic Disease at the Delaware Division of Public Health (DPH), within the Department of Health and Social Services (DHSS). I've been with DHSS since 2016, and I've held my current position as Bureau Chief for about two years. I oversee statewide strategies to prevent and manage chronic diseases, including diabetes, cardiovascular disease, asthma, and related risk factors.

Q: Is your work focused on specific diseases, or is it more broad across prevention strategies?

Shebra Hall: Our primary focus areas are diabetes, heart disease, and asthma. We promote self-management, risk reduction, and prevention, and we support evidence-based programs such as the National Diabetes Prevention Program (NDPP) and the Diabetes Self-Management Education and Support programs. These initiatives aim to empower individuals to better manage chronic conditions and improve health outcomes.

Q: What is your overall impression of the current state of chronic disease prevention in Delaware?

Shebra Hall: Delaware has made measurable progress through data-driven, evidence-based programming. Our 2024 *Delaware Diabetes Impact Report* shows encouraging engagement in programs like the NDPP, where participants achieved modest weight loss and improved blood sugar control, key indicators of reduced diabetes risk. However, challenges persist. According to our 2024 *Physical Activity and Obesity Prevention Scorecard*, Delaware ranks in the bottom third nationally for physical activity, with 29% of adults reporting no leisure-time physical activity. Disparities also remain, particularly among Black and Hispanic populations, who experience higher rates of uncontrolled hypertension, diabetes, and obesity. Social determinants, such as housing, transportation, food insecurity, and economic instability, continue to be barriers to prevention and care. About 11% of Delaware households experience food insecurity, and access to care is limited in rural and underserved areas. Despite these challenges, Delaware's strong partnerships—such as those through SHIP help align strategies and strengthen chronic disease prevention efforts statewide.

Q: Has there been any progress or new challenges in that area?

Shebra Hall: Yes. This is the first year Delaware received CDC funding to specifically address asthma. The award period began in September and runs through August, so we're

still in our initial implementation phase, laying the groundwork and building infrastructure. We've partnered with the American Lung Association to provide educational opportunities, especially for school nurses and school-based health centers. We're also working with community health workers and local organizations to deliver asthma education at the community level. Additionally, Delaware has an Asthma Consortium that's been a tremendous resource. Through this new CDC cooperative agreement, we've been able to connect more people to asthma-related education and resources. It's exciting to see this new program take shape.

Q: What are some of the main contributing factors to Delaware's high rates of chronic disease?

Shebra Hall: Access remains a major barrier. Transportation limitations, especially in rural Kent and Sussex counties, make it difficult for residents to reach appointments and health education classes. Cost is another issue. Even though Delaware expanded Medicaid, many residents still face out-of-pocket costs or limited provider availability. Like much of the U.S., we're also dealing with health care workforce shortages. Other factors include low health literacy, digital exclusion, language barriers, and limited internet access among older and low-income populations. All of these make it harder for people to manage chronic conditions effectively.

Q: On the other hand, what are some strengths of Delaware's health system in chronic disease care?

Shebra Hall: Delaware has embraced evidence-based and evidence-informed interventions. For example, our *Healthy Heart Ambassador Blood Pressure Self-Monitoring Program* has achieved significant reductions in systolic blood pressure, over 10 mmHg on average, during the four-month program. We also partner with clinicians statewide to expand diabetes self-management programs, making them more culturally tailored and accessible. Collaboration is another strength. We work with health care systems, academic partners, and organizations, like SHIP, to share data, resources, and best practices. Platforms like *Healthy Delaware* and *My Healthy Community* help us disseminate this information widely. Finally, our growing focus on addressing social determinants of health, such as through food insecurity screenings and community health worker programs, helps integrate prevention into broader systems of care.

Q: How has the stigma around chronic disease in Delaware changed in recent years?

Shebra Hall: We've seen a meaningful shift toward more open, informed discussions. Public health messaging and outreach by trusted community-based organizations have helped normalize conversations around conditions like diabetes and hypertension. Still, stigma remains, particularly for Type 2 diabetes, where misconceptions about personal responsibility

persist. Some focus groups reported feelings of shame or blame. Culturally competent outreach is helping to reduce that stigma and encourage participation in prevention programs.

Q: What is being done to address health equity in chronic disease prevention and treatment?

Shebra Hall: We're using a coordinated, data-informed approach. The Bureau disaggregates data by race, ethnicity, and ZIP code to identify high-disparity areas. We support bilingual and low-literacy materials to better reach Hispanic and Haitian Creole populations. We're also expanding the community health worker network to deliver culturally competent care and patient navigation. Partner organizations like Quality Insights use clinical data to identify gaps, such as uncontrolled hypertension, and work directly with health care practices to improve outcomes through targeted quality improvement plans.

Q: Looking ahead, what are your hopes for the future of chronic disease prevention in Delaware?

Shebra Hall: I hope prevention becomes more upstream, equitable, and embedded across all sectors, health care, education, housing, and employment. My vision is for every Delawarean, regardless of ZIP code or language, to have access to prevention programs and healthy environments. Data should guide decisions in real time to target resources where they're needed most. Prevention should be integrated into every aspect of life—urban planning, education, and workplace wellness. Chronic disease prevention shouldn't just be a health care issue; it should be a community priority.

Q: Is there anything else you'd like to add?

Shebra Hall: Yes. Strengthening our digital health infrastructure, especially telehealth, is key, particularly for rural and aging populations facing transportation challenges. We're also exploring ways to integrate chronic disease management with behavioral and mental health services. Many people living with conditions such as diabetes or hypertension also experience anxiety or depression, and we want to address that connection. Finally, we're committed to incorporating the voices of Delaware residents with lived experience. Their stories help shape our programs and policies. Collaboration across sectors remains essential; public health cannot do this work alone.